Agencies Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of San Diego
   Board of Supervisors
   Designated Agency Contact: Alice Re, Legislative Assistant II
   Area Code/Phone Number: 619-531-5522
   E-mail: alice.re@sdcounty.ca.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $ __________
   Event Description: ____________________________
   Date(s) __________/__________/__________
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: ____________________________
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]
   If yes: ____________________________
   Official's Name (Last, First)

3. Recipients
   * Use Section A to identify the agency's department or unit.
   * Use Section B to identify an individual.
   * Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
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<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td>Jacob, Dianne</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role XX Other 0 Income 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<tr>
<td></td>
<td></td>
<td>Proclamation presentation at Sycuan event on 3/26/2019</td>
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</tbody>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: ____________________________
   Print Name: Jeff Collins
   Title: Chief of Staff
   Date: 5/13/19 (Month, day, year)

Comment: ____________________________________________