

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> County of San Diego		<b>COUNTY OF SAN DIEGO</b> <small>Costa Mesa</small>	<b>California Form 802</b> <small>For Official Use Only</small>
Division, Department, or Region (if applicable)		2018 NOV 14 PM 3:48	
Designated Agency Contact (Name, Title) Dustin Steiner		CLERK OF THE BOARD OF SUPERVISORS	
Area Code/Phone Number 619-531-5533	E-mail dustin.steiner@sdcounty.ca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3)	
		Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 269

Event Description: Sycuan Casino 35th Anniversary    Date(s) 11 / 10 / 18

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Sycuan Casino  
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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Steiner, Dustin	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Gave remarks, presented proclamation, took photo
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**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.*

 <small>Signature of Agency Head of Designee</small>	Dustin Steiner <small>Print Name</small>	Chief of Staff <small>Title</small>	11/14/18 <small>(month, day, year)</small>
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Comment: \_\_\_\_\_