

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

A Public Document

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1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
Supervisor Jim Desmond			
Division, Department, or Region <i>(if applicable)</i>			
County of San Diego, 5th District Supervisor			
Designated Agency Contact <i>(Name, Title)</i>			
Marisol Edrozo		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
Area Code/Phone Number	E-mail	Date of Original Filing: 12-07-2023 <small><i>(month, day, year)</i></small>	
619-531-5555	Marisol.edrozo@sdcounty.ca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 1800

Event Description: Sycuan 40th Anniversary Gala Date(s) 11 / 11 / 2023
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Sycuan Band of the Kumeyaay Nation
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 <small><i>(Last, First)</i></small>	Number of Ticket(s)/ Passes	Identify one of the following:
Desmond, Jim	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> Speaking Role & presented Proclamation
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small><i>(include address and description)</i></small>	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.

<u>JIM DESMOND</u>	<u>SUPERVISOR</u>	<u>12/08/2023</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>
		<small><i>(month, day, year)</i></small>

Comment:

Print
Clear

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