

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
County of San Diego		COUNTY OF SAN DIEGO 2017 MAR -1 PM 3:21 CLERK OF THE BOARD OF SUPERVISORS	For Official Use Only
Division, Department, or Region (if applicable) Treasurer Tax Collector			
Designated Agency Contact (Name, Title) Dan McAllister, Treasurer Tax Collector			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
619-531-5231	dan.mcallister@sdcounty.ca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 150.00

Event Description: East County Chamber - Honors Date(s) 2 / 16 / 17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: East County Chamber of Commerce
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:
Dan McAllister		Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Dan McAllister invited to swear in new Board
		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.

Dan McAllister
Treasurer Tax Collector
2/17/2017

Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____