

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

A Public Document

1. Agency Name

County of San Diego

Division, Department, or Region (If Applicable)

Treasurer-Tax Collector

Designated Agency Contact (Name, Title)

Dan McAllister, Treasurer-Tax Collector

Area Code/Phone Number

619-531-5231

E-mail

dan.mcallister@sdcounty.ca.gov

COUNTY OF SAN DIEGO
Date Stamp

2014 FEB 6 AM 9 32

CLERK OF THE BOARD
OF SUPERVISORS

California Form **802**

For Official Use Only

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: _____
(Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Face Value of Each Ticket/Pass \$ _____ 75

Event Description 103rd Annual Installation Dinner
Provide Title/Explanation

Date(s) 01 / 31 / 14

Ticket(s)/Pass(es) provided by agency? Yes No

If no: National City Chamber of Commerce
Name of Source

Was ticket distribution made at the behest of agency official? No Yes

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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
McAllister, Dan	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Attendee was invited to serve as the Master of Ceremonies at National City Chamber of Commerce's Annual Installation Dinner
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	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.


Signature of Agency Head or Designee

Dan McAllister
Print Name

Treasurer-Tax Collector
Title

02/05/2014
(Month, Day, Year)

Comment: _____