

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

**A Public Document**

<b>1. Agency Name</b> County of San Diego		Date Stamp <b>COUNTY OF SAN DIEGO</b>	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Treasurer-Tax Collector		2016 MAR -3 PM 1:17	
Designated Agency Contact (Name, Title) Dan McAllister, Treasurer-Tax Collector		CLERK OF THE BOARD OF SUPERVISORS	
Area Code/Phone Number 619-531-5231	E-mail dan.mcallister@sdcounty.ca.gov	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 \$ 100.00

Event Description: San Diego Fire Rescue Luncheon Date(s) 3 / 19 / 15  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Diego Fire Rescue Foundation  
*Name of Source*

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

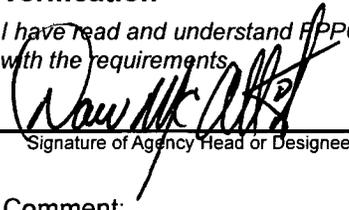
**3. Recipients**

• 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	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Dan McAllister was invited to be auctioneer at luncheon.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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.

  
 Signature of Agency Head or Designee

Dan McAllister  
 Print Name

Treasurer-Tax Collector  
 Title

3/1/16  
 (month, day, year)

Comment: \_\_\_\_\_