

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of San Diego			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1600 Pacific Hwy., Rm. 335, San Diego, CA 92101			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Marisol Eaton, Office Manager/Scheduler		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
619-531-5555	marisol.eaton@sdcounty.ca.gov		

2. Function, Event, or Ceremonial Role Information

Title Fallbrook Film Festival Awards Face Value of Each Admission \$ 50.00

Description 4th Annual Gala/Awards Cerem Date(s) 04 / 10 / 2011 04 / 10 / 2011

Ticket(s)/Admission(s) provided by agency? Yes No If no: Fallbrook Film Factory
Name of Source

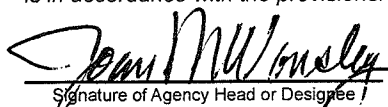
Was the distribution to persons identified below made at the behest of an agency official?
 Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Horn, William	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Presented Local Patron of the Arts Award	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


JOHN M. WONSLEY CHIEF OF STAFF 4/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)