

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

COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of San Diego		2011 JUN 9 PM 2 36	
Division, Department, or Region (if applicable)		THOMAS A CLERK OF THE BOARD OF SUPERVISORS	
Board of Supervisors			
Street Address			
1600 Pacific Highway, San Diego, CA 92101		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Designated Agency Contact (Name, Title)		Date of Original Filing: _____ (month, day, year)	
Cheryl Cruz, Office Manager / Scheduler			
Area Code/Phone Number	E-mail		
619-531-5511	Cheryl.Cruz@sdcounty.ca.gov		

**2. Function, Event, or Ceremonial Role Information**

Title Union of Pan Asian Communities Face Value of Each Admission \$ 200.00

Description Annual Leadership Awards Gala Date(s) 05 / 25 / 11 05 / 25 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: Union of Pan Asian Communities  
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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Supervisor Greg Cox	one	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	speaking / presenting proclamation	<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.

Greg Cox Signature of Agency Head or Designee      Greg Cox Print Name      County Supervisor Title      05-25-11 (month, day, year)

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