

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions COUNTY OF SAN DIEGO
 BOARD OF SUPERVISORS **Public Document**

1. Agency Name County of San Diego		Date Stamp 2013 JAN 22 PM 3 4	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Treasurer-Tax Collector		THOMAS J. PASTUSZKA CLERK OF THE BOARD OF SUPERVISORS	
Designated Agency Contact (Name, Title) Dan McAllister, San Diego County Treasurer-Tax Collector			
Area Code/Phone Number 619-531-5231	E-mail dan.mcallister@sdcounty.ca.gov	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 0.00

Event Description San Diego's Financial Planning Day Date(s) 10 / 06 / 12
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Financial Planning Association
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: McAllister, Dan
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 <small>(Last, First)</small>	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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Accepted an invitation to attend a Financial Planning Day and participate by delivering the "welcome" message to attendees
		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 <small>(include address and description)</small>	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.

_____ Dan McAllister Treasurer-Tax Collector 1/22/13
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____