

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

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of San Diego		2012 MAR 14 PM 3 57	
Division, Department, or Region (if applicable)		L. PASTORZIKA MEMBER OF THE BOARD OF SUPERVISORS	
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: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
619-531-5555	marisol.eaton@sdcounty.ca.gov		

2. Function, Event, or Ceremonial Role Information

Title Fallbrook Chamber Annual Awards Face Value of Each Admission \$ 62.50

Description Annual Awards & Installation of Date(s) 01/28/2012 01/28/2012

Ticket(s)/Admission(s) provided by agency? Yes No If no: Fallbrook Chamber
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	Income
Horn, William	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/> Installed Officers and presented Certificates
		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.

Joan M. Wonsley Joan M. Wonsley Chief of Staff 3/12/12
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.)