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

A Public Document

California Form 802

For Official Use Only

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS
2013 FEB 1 AM 10 08
THOMAS J. PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

1. Agency Name

County of San Diego

Division, Department, or Region *(If Applicable)*

Treasurer-Tax Collector

Designated Agency Contact *(Name, Title)*

Dan McAllister, San Diego County Treasurer-Tax Collector

Area Code/Phone Number	E-mail
619-531-5231	dan.mcallister@sdcounty.ca.gov

☐ Amendment (If not 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 $ 225

Event Description SouthBay Comm. Srvcs Extravaganza
Provide Title/Explanation

Date(s) 10 / 05 / 12 ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: SouthBay Comm. Services
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
McAllister, Dan	1	Ceremonial Role ☒ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Served as the Auctioneer for Change Their Lives 2012 fundraiser at SouthBay Community Services Extravaganza event
	1	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	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.

[signature]	Dan McAllister	Treasurer-Tax Collector	01/31/13
Signature of Agency Head or Designee	*Print Name*	*Title*	*(Month, Day, Year)*

Comment: _____