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

A Public Document

California Form 802

For Official Use Only

Date Stamp

1. Agency Name

San Diego County Sheriff's Department

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

Designated Agency Contact *(Name, Title)*

William D. Gore, Sheriff

Area Code/Phone Number	E-mail
858-974-2240	bill.gore@sdsheriff.org

☐ **Amendment** *(Must 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 $ 45.00

Event Description Padre's Ball Game
Provide Title/Explanation

Date(s) 7 / 30 / 13 ___/___/___

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

If no: San Diego Padres Baseball Club
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
San Diego County Sheriff's Department	499	Tribute - Salute to Law Enforcement

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Gore, William D.	1	Ceremonial Role ☒ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Performed a ceremonial role at the presentation of the Tribute - Salute to Law Enforcement
		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.

William D. Gore	William D. Gore	Sheriff	9/18/13
Signature of Agency Head or Designee	*Print Name*	*Title*	*(Month, Day, Year)*

Comment: _____