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

A Public Document

COUNTY OF SAN DIEGO
2014 FEB 6 AM 9 32
CLERK OF THE BOARD OF SUPERVISORS

Date Stamp

California Form **802**

For Official Use Only

1. Agency Name

County of San Diego

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

Treasurer-Tax Collector

Designated Agency Contact *(Name, Title)*

Dan McAllister, Treasurer-Tax Collector

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

☐ **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 $ 75

Event Description 103rd Annual Installation Dinner
Provide Title/Explanation

Date(s) 01 / 31 / 14 ___/___/___

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

If no: National City Chamber of Commerce
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:* Attendee was invited to serve as the Master of Ceremonies at National City Chamber of Commerce's Annual Installation Dinner
	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 of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Dan McAllister	Treasurer-Tax Collector	02/05/2014

Comment: _____