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

A Public Document

California Form 802
For Official Use Only

COUNTY OF SAN DIEGO
2014 FEB 6 AM 9 32
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, 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 $ 175

Event Description Annual Awards Dinner
Provide Title/Explanation

Date(s) 03 / 23 / 13 ___/___/___

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

If no: Carlsbad 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 Carlsbad Chamber of Commerce's Annual Dinner Awards
	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	Dan McAllister	Treasurer-Tax Collector	02/05/2014

Comment: _____