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

A Public Document

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS
2013 JAN 22 PM 3 49
THOMAS J. PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

California Form **802**

For Official Use Only

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: _____ *(Month, Day, Year)*

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 75.00

Event Description 102nd Annual Installation Dinner Gala
Provide Title/Explanation

Date(s) 01 / 27 / 12 ___ / ___ / ___

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: McAllister, Dan
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:* Performed a ceremonial role and attended the dinner for annual installation of Board members and introduction of Award of the Year
		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	1/22/13

Comment: _____