

**Agency Report of:  
Ceremonial Role Events and  
Ticket/Admission Distributions**

COUNTY OF SAN DIEGO RECEIVED  
BOARD OF SUPERVISORS FAIR POLITICAL PRACTICES COMMISSION  
Date Stamp

**A Public Document**

**1. Agency Name**

California Form **802**

For Official Use Only

County of San Diego  
Division, Department, or Region (if applicable)

2012 FEB 16 PM 11:49  
2012 MAR 12 AM 11:00

Board of Supervisors  
Street Address  
1600 Pacific Highway, San Diego, CA 92101

CLERK OF THE BOARD  
OF SUPERVISORS

Designated Agency Contact (Name, Title)  
Cheryl Cruz, Office Manager / Scheduler

Amendment (Must provide explanation in Part 3.)

Area Code/Phone Number

E-mail

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

619-531-5511

Cheryl.cruz@sdcounty.ca.gov

**2. Function, Event, or Ceremonial Role Information**

Title Chula Vista Chamber of Commerce

Face Value of Each Admission \$ \$85

Description Annual Installation Dinner

Date(s) 01 / 20 / 12 01 / 20 / 12

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: Chula Vista Chamber of Commerce  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Supervisor Greg Cox	one	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	speaking / Master of Ceremonies	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

I have verified that the distribution of admissions, set forth above,

Greg Cox

County Supervisor

02-13-12

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)