

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
San Diego Unified Port District			
Division, Department, or Region <i>(if applicable)</i>			
Street Address			
3165 Pacific Highway, San Diego, CA 92101			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>	
Tim Deuel, District Clerk		Date of Original Filing: _____ <i>(month, day, year)</i>	
Area Code/Phone Number	E-mail		
(619) 686-6206	publicrecords@portofsandiego.org		

2. Function, Event, or Ceremonial Role Information

Title PCMA Conference Face Value of Each Admission \$ 83

Description Opening Reception Date(s) 1 / 8 / 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: Professional Convention Management Association
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"> • 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. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Please note that 8 tickets to this event were not distributed or used.		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"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. _____ Certifications 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,

_____ Laura Nicholson Deputy District Clerk 02.17.12
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.)*