

**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 (if applicable)			
Street Address			
3165 Pacific Highway, San Diego, CA 92101			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Tim Deuel, District Clerk		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
(619) 686-6206	publicrecords@portofsandiego.org		

2. Function, Event, or Ceremonial Role Information

Title PCL Annual Environmental Legislative Symposium Face Value of Each Admission \$ 180.00

Description _____ Date(s) 1 / 28 / 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: Planning and Conservation League
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.
Michelle White	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Representation of the District at an event to sustain or build relationships with tenants, businesses, or local, regional, state or federal agencies. 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"/>

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3
Signature of Agency Head or Designee _____
Laura Nicholson Deputy District Clerk 03.02.12
Print Name Title (month, day, year)

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