

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

2. Function, Event, or Ceremonial Role Information

Title 12th Annual California Maritime Leadership Symposium Face Value of Each Admission \$ 625

Description _____ Date(s) 2 / 1-2 / 12

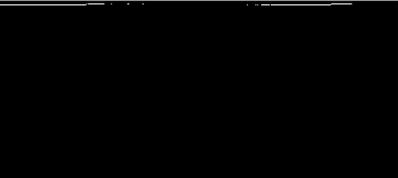
Ticket(s)/Admission(s) provided by agency? Yes No If no: California Maritime Leadership Symposium
Name of Source

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

Yes No If yes: Alshar, Shahriar, Director, Government & Community Relations
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. 	Income
Randa Coniglio	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.	<input type="checkbox"/>
Irene McCormack	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.	<input type="checkbox"/>
Patrick Bouteller	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.	<input type="checkbox"/>
Jonathan Clay	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Representation of the District at an event to sustain or build relationships with tenants, businesses, or local, regional, state or federal agencies.	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

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 I,  (Name), District Clerk, have verified the information provided in this report. I have verified that the distribution of admissions, set forth above, is accurate and correct.
 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.)