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

A Public Document

California Form 802

For Official Use Only

Date Stamp

1. Agency Name

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)*

Tim Deuel, District Clerk

Area Code/Phone Number: (619) 686-6206

E-mail: publicrecords@portofsandiego.org

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

Date of Original Filing: _____ *(month, day, year)*

2. Function, Event, or Ceremonial Role Information

Title San Diego Mayoral Debate

Face Value of Each Admission $ 30

Description _____

Date(s) 1 / 13 / 12 ___/___/___

Ticket(s)/Admission(s) provided by agency? Yes ☐ **No** ☑ If no: The Lincoln Club of San Diego
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	• 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.	
Shahriar Afshar	1	Yes ☑ No ☐	Representation of the District at an event to sustain or build relationships with tenants, businesses, or local, regional, state or federal agencies.	Income ☐
Patrick Bouteller	1	Yes ☑ No ☐	Representation of the District at an event to sustain or build relationships with tenants, businesses, or local, regional, state or federal agencies.	Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐

3. [redacted]

[redacted] *lations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,*

[redacted] aura Nicholson — Print Name

Deputy District Clerk — Title

02.17.12 — *(month, day, year)*

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