

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
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: _____ <small><i>(month, day, year)</i></small>	
Area Code/Phone Number	E-mail		
(619) 686-6206	publicrecords@portofsandiego.org		

2. Function, Event, or Ceremonial Role Information

Title FCCA Gala - Cruise Shipping Miami Face Value of Each Admission \$ 600

Description _____ Date(s) 3 / 14 / 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: Florida-Caribbean Cruise 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. 	
Bob Nelson		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"/>

3
1

ations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,
Laura Nicholson Deputy District Clerk 05.14.12
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.)*