

**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 <i>Division, Department, or Region (if applicable)</i>			
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	<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	

2. Function, Event, or Ceremonial Role Information

Title Taste of National City **Face Value of Each Admission \$** 20.00

Description _____ **Date(s)** 05 / 17 / 12 _____

Ticket(s)/Admission(s) provided by agency? Yes No If no: National City Chamber of Commerce
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.
Valderrama, Dukie	10*	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. Verification

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

Laura Nicholson Deputy District Clerk 06.19.12
Print Name Title (month, day, year)

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

*Indicates that 10 tickets were given to members of the official's immediate family.