

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

A Public Document

1. Agency Name San Diego Unified Port District		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Tim Deuel, District Clerk		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (619) 686-6206	E-mail publicrecords@portofsandiego.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 200

Event Description San Diego Wine & Food Festival Date(s) 11 / 17 / 12
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: World of Wine Events, LLC
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Digerness, Paula, Manager, Marketing & Communications
Official's Name (Last, First)

3. Recipients
 • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
San Diego Armed Services YMCA 3293 Santo Road, San Diego CA 92124	14	Representation of the District at an event to sustain or build relationships with tenants, businesses, or local, regional, state or federal agencies.

4. Verification

944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Laura Nicholson Deputy District Clerk 11.17.12
Print Name Title (Month, Day, Year)