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

COUNTY OF SAN DIEGO

A Public Document

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**California Form 802**
For Official Use Only

**1. Agency Name**

County of San Diego

**Division, Department, or Region** *(If Applicable)*

Board of Supervisors

**Designated Agency Contact** *(Name, Title)*

1600 Pacific Highway, San Diego 92101

| Area Code/Phone Number | E-mail |
|---|---|
| 619-531-5511 | Cheryl.cruz@sdcounty.ca.gov |

Date Stamp

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

**Date of Original Filing:** _____ *(Month, Day, Year)*

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☐ No ☒

Face Value of Each Ticket/Pass $ 190.00

Event Description: Annual Awards Dinner
*Provide Title/Explanation*

Date(s): 11 / 15 / 13 — 11 / 15 / 13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Phil Am Business Improvement & Development As
*Name of Source*

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes: _____
*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: |
|---|---|---|
| Cox, Greg Supervisor | | Ceremonial Role ☒ Other ☐ Income ☐<br>*If checking "Ceremonial Role" or "Other" describe below*<br>speaking / receiving award |
| | | Ceremonial Role ☐ Other ☐ Income ☐<br>*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 |
|---|---|---|
| | | |
| | | |

**4. Ve[redacted]**

*I have [redacted] egulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

| [redacted] nee | Greg Cox | County Supervisor | 12/09/2013 |
|---|---|---|---|
| | *Print Name* | *Title* | *(Month, Day, Year)* |

Comment: _____