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

A Public Document

1. Agency Name

San Diego Unified Port District

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

Designated Agency Contact *(Name, Title)*

Tim Deuel, District Clerk

Area Code/Phone Number	E-mail
(619) 686-6206	publicrecords@portofsandiego.org

Date Stamp

California Form 802

For Official Use Only

☐ **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 $ 100

Event Description: Angels Among Us-2014 Annual Awards Dinner *(Provide Title/Explanation)*

Date(s): 11 / 01 / 14 ___ / ___ / ___

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

If no: Border Angels *(Name of Source)*

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

If yes: Windle, Jenny *(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:
Castellanos, Rafael	3*	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Representation of the District at an event to sustain or build relationships with tenants, businesses, or local, regional, state or federal agencies.
		Ceremonial Role ☐ Other ☐ Income ☐ *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
Border Angels PO Box 86598 San Diego CA 92138	12	Representation of the District at an event to sustain or build relationships with tenants, business, or local, regional, state or federal agencies.

4. Verification

I have r (d)(5) *944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

S	Laura Nicholson	Deputy District Clerk	12.09.14
	Print Name	*Title*	*(Month, Day, Year)*

Comment: *Commissioner Castellanos reimbursed the District for the full face value of two tickets.