

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
CITY OF SAN MARCOS		<div style="border: 2px solid blue; padding: 5px; display: inline-block;"> RECEIVED MAY 29 2019 City Clerk Dept. City of San Marcos </div>	For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title)			
LORI WILCOX, DEPUTY CITY CLERK		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____	
(760) 744-1050	LWILCOX@SAN-MARCOS.NET	(Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$250.00

Event Description CSUSM Annual Gala Date(s) 06 / 08 / 19 _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
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:
JONES, REBECCA	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS
NUÑEZ, MARIA	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS
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. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 _____ <small>Signature of Agency Head or Designee</small>	JACK GRIFFIN _____ <small>Print Name</small>	CITY MANAGER _____ <small>Title</small>	05/29/2019 _____ <small>(Month, Day, Year)</small>
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