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

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|--|--|--|---------------------------------------|------------------------------|
| 1. Agency Name | | | Date Stamp | California Q02 |
| CITY OF SAN MARCOS | | | RECEIVED | Form OUZ |
| Division, Department, or Region (/ | HIN 0.0 2015 | For Official Use Only | | |
| | | | JUN 26 2015 | |
| Designated Agency Contact (Name | City Clerk Dept. City of San Marcos | | | |
| PHILLIP SCOLLICK, CITY CLEF | RK | L | City of Suff Fluidos | |
| Area Code/Phone Number E-m | | | | vide explanation in Part 3.) |
| 760-744-1050 psc | ollick@san-marcos.ne | t | Date of Original Filing: _ | (Month. Dav. Year) |
| 2. Function or Event Informati | on | | | |
| Does the agency have a ticket poli- | |] Face Value o | of Each Ticket/Pass \$ | 35.00 |
| Event Description BOYS & GIRLS | CLUB | Date(s) 6 | | 1 1 |
| Provi | de Title/Explanation | Dutc(0) | | |
| Ticket(s)/Pass(es) provided by age | ncy? Yes 🛛 No 🗆 |] If no: | Name of Sour | |
| Mos tisket distribution made at the | habaat = | | | |
| Was ticket distribution made at the of agency official? | behest No X Yes ☐ | If yes: | Official's Name (La | est, First) |
| 3. Recipients | | | | |
| Use Section A to identify the agency's dep | partment or unit. • Use Secti | on B to identify an individu | ual. • Use Section C to identif | y an outside organization. |
| A. Name of Agency, Department or | Number of | | lic purpose made pursuant to | |
| · · · · · · · · · · · · · · · · · · · | Pass(es) | | | |
| | | | | |
| | | | | |
| | , | | | |
| | Number of | | | |
| Name of Individual | Ticket(s)/ Pass(es) | | Identify one of the followin | g: |
| | 1 400(00) | Ceremonial Role | Other 🗵 | Income |
| JONES, REBECCA | 1 1 | If checking "Ceremoni | ial Role" or "Other" describe below: | |
| | ' | INTERGOVERNME | ENTAL RELATIONS | |
| | | | | |
| | | Ceremonial Role If checking "Ceremonial Control of the Control of | ial Role" or "Other" describe below: | Income L |
| | 1 | | | |
| | | | | |
| C. Name of Outside Organization | | Describe the pub | lic purpose made pursuant to | o the agency's policy |
| (include address and description | Pass(es) | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| . Verification | | | | |
| I have read and understand FPPC Regulations | 18944.1 and 18942. I have verit | fied that the distribution set fo | | the requirements. |
| | JACK GRIF | FIN | CITY MANAGER | 06/25/2015 |
| Signature of Agericy Head or Designee | Print Name | | Title | (Month, Day, Year) |
| Comment: | * | | | |

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Ceremonial Role Events and Ticket/Pass Distributions

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| I. Agency Name | | | Date Stamp | California 802 |
|---|-------------------------------------|--|---|------------------------------|
| CITY OF SAN MARCOS | | | RECEIVED | Form For Official Use Only |
| Division, Department, or Region | on (If Applicable) | | JUN 26 2015 | 1 of Official osc Offig |
| | | | City Clerk Dept. | |
| Designated Agency Contact (A | lame,Title) | | City of San Marcos | |
| PHILLIP SCOLLICK, CITY C | LERK | | Amendment (Must pro | vide explanation in Part 3.) |
| 1.77.17 1.77.17.17.17.17.17.17.17.17.17.17.17.17 | E-mail | | | - |
| | pscollick@san-marcos.i | net ————————— | Date of Original Filing: | (Month, Day, Year) |
| 2. Function or Event Inform | | Eggs Value o | of Each Ticket/Pass \$ | 35.00 |
| Does the agency have a ticket | | _ | | |
| Event Description BOYS & GI | Provide Title/Explanation | Date(s)6 | , 11 , 15 | |
| Ticket(s)/Pass(es) provided by | agency? Yes⊠ No | ☐ If no: | Name of Sour | ce |
| Was ticket distribution made at | the behest No 🗵 Yes | If yes: | | st, First) |
| of agency official? | | 300 Jan 100 Ja | Official's Name (La | st, First) |
| 8. Recipients | | | | |
| Use Section A to identify the agency's | Number of | ection B to identify an individu | ial. • Use Section C to identify | y an outside organization. |
| A. Name of Agency, Departmen | nt or Unit Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant to | the agency's policy |
| ÷ | | | | 2 |
| - | | | | |
| | | | | |
| B. Name of Individual | Number of Ticket(s)/ Pass(es) | | Identify one of the following | g: |
| DESMOND, JIM | | Ceremonial Role | | Income |
| DESIMOND, JIM | 1 | | al Role" or "Other" describe below: ENTAL RELATIONS | |
| | | INTERCOVERNINE | INTITLE RELITIONS | |
| | | Ceremonial Role | Other 🗵 | Income |
| JABARA, KRISTAL | 1 | | al Role" or "Other" describe below: ENTAL RELATIONS | |
| | | INTERGOVERNIVE | INTAL NELATIONS | |
| C. Name of Outside Organiz | | Describe the publ | lic purpose made pursuant to | o the agency's policy |
| (include address and descri | ription) Pass(es) | | | |
| | | | | |
| | | | | |
| | | 8 | | |
| Vanisia of in | Section 1. | | | |
| . Verification I have read and understand FPPC Regular | tions 18944.1 and 18942. I have v | erified that the distribution set fo | orth above, is in accordance with t | the requirements. |
| 10/ | JACK GR | | CITY MANAGER | 06/25/2015 |
| Signature of Agency Head or Designee | Print Nan | Management Description | Title | (Month, Day, Year) |
| | | | | |

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



| | cipients | i4 | |
|-----------|---|-------------------------------------|--|
| A. | Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | ction B to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy |
| | | | |
| B. | Name of Individual | Number of Ticket(s)/ | Identify one of the following: |
| JEN | (Last, First) IKINS, SHARON | Pass(es) | Ceremonial Role Other Income I |
| аци | | | Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: |
| • | | | Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: |
| | | | 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 |
| | | | |
| | | | |