

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

A Public Document

**1. Agency Name**  
 CITY OF SAN MARCOS  
 Division, Department, or Region *(If Applicable)*  
 Designated Agency Contact *(Name, Title)*  
 LORI WILCOX, DEPUTY CITY CLERK  
 Area Code/Phone Number | E-mail  
 (760) 744-1050 | LWILCOX@SAN-MARCOS.NET

**RECEIVED**  
 Date Stamp  
 DEC 15 2016  
 City Clerk Dept.  
 City of San Marcos

**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 \$ \_\_\_\_\_ \$60.00

Event Description San Marcos Senior Volunteer Patrol Date(s) 12 / 07 / 16  
*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 <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Vice Mayor Jones	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS
Council Member Jabara	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS
C. Name of Outside Organization <i>(include address and description)</i>	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.


 \_\_\_\_\_ JACK GRIFFIN \_\_\_\_\_ CITY MANAGER \_\_\_\_\_ 12/14/2016  
*Signature of Agency Head or Designee* *Print Name* *Title* *(Month, Day, Year)*