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

A Public Document

California Form 802

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

Date Stamp
RECEIVED
NOV 17 2016
City Clerk Dept.
City of San Marcos

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 $ _____ **$30.00**

Event Description ___ SM Sr Volunteer Patrol Holiday Event ___
Provide Title/Explanation

Date(s) __12__/__07__/__16__ ____/____/____

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:
Mayor Jim Desmond		Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS
		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

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.

_____ Signature of Agency Head or Designee	JACK GRIFFIN Print Name	CITY MANAGER Title	11-16-16 (Month, Day, Year)

Comment: _____