

**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)

Melinda Cogle, Deputy City Clerk

Area Code/Phone Number

760/744-1050

E-mail

mcogle@san-marcos.net

Date Stamp	California Form 802
RECEIVED	
MAR 18 2015	
City Clerk Dept. City of San Marcos	
<input type="checkbox"/> 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 League of CA Cities Executive Meeting  
Provide Title/Explanation

Date(s) 03 / 09 / 15 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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:		
Griffin, Jack	1	Ceremonial Role <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
If checking "Ceremonial Role" or "Other" describe below: Public purpose for intergovernmental relations				
Jabara, Kristal	1	Ceremonial Role <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
If checking "Ceremonial Role" or "Other" describe below: 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.

  
Signature of Agency Head or Designee

Jack Griffin

Print Name

City Manager

Title

03/16/2015

(Month, Day, Year)

Comment: \_\_\_\_\_