

**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)

Date Stamp

California  
Form

**802**

**RECEIVED**

**MAR 18 2015**

**City Clerk Dept.**

**Amendment** (Must provide explanation in Part 3.)

For Official Use Only

Designated Agency Contact (Name, Title)

Melinda Cogle, Deputy City Clerk

Area Code/Phone Number

760/744-1050

E-mail

mcogle@san-marcos.net

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 \$ 964.82

Event Description 2015 Planning Commissioner Academy

Date(s) 03 / 04 / 15 03 / 06 / 15

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)

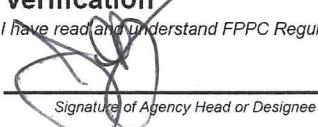
**3. Recipients**

• 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:		
Flodine, Eric	1	Ceremonial Role <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
		If checking "Ceremonial Role" or "Other" describe below:		
		Training Workshop		
Norris, Kevin	1	Ceremonial Role <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
		If checking "Ceremonial Role" or "Other" describe below:		
		Training Workshop		
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: \_\_\_\_\_

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7777)

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Designated Agency Contact (Name, Title) Melinda Cogle, Deputy City Clerk		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 760/744-1050	E-mail mcogle@san-marcos.net	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 \$ 1,004.82

Event Description 2015 Planning Commissioner Academy  
Provide Title/Explanation

Date(s) 03 / 04 / 15 03 / 06 / 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)

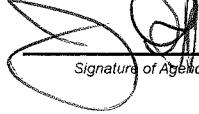
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A. Name of Agency, Department or Unit		Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy		
B. Name of Individual (Last, First)		Number of Ticket(s)/Pass(es)	Identify one of the following:		
Jones, Rod		1	Ceremonial Role <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
			If checking "Ceremonial Role" or "Other" describe below: Training Workshop		
Backoff, Jerry		1	Ceremonial Role <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
			If checking "Ceremonial Role" or "Other" describe below: Training Workshop		
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