

**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)

PHILLIP SCOLICK, CITY CLERK

Area Code/Phone Number

760-744-1050

E-mail

pscollick@san-marcos.net

Date Stamp

California  
Form

**802**

For Official Use Only

**RECEIVED**

JUN 26 2015

City Clerk Dept.  
City of San Marcos

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 \$ 25.00

Event Description ROTARY CLUB OF SAN MARCOS  
Provide Title/Explanation

Date(s) 5 / 28 / 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:		
DESMOND, JIM	1	Ceremonial Role <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
		If checking "Ceremonial Role" or "Other" describe below:		
		INTERGOVERNMENTAL RELATIONS		
JENKINS, SHARON	1	Ceremonial Role <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
		If checking "Ceremonial Role" or "Other" describe below:		
		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

06/25/2015

(Month, Day, Year)

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