

**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

(760) 744-1050

E-mail

LWILCOX@SAN-MARCOS.NET

Date Stamp
RECEIVED

NOV 12 2015

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 \$ 70.00

Event Description ORCHIDS & ONIONS AWARD EVENT

Date(s) 10 / 01 / 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:
JONES, REBECCA	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: INTERGOVERNMENTAL RELATIONS
GRiffin, JACK	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" 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.

JACK GRIFFIN

Signature of Agency Head or Designee

Print Name

CITY MANAGER

Title

11/10/2015

(Month, Day, Year)

Comment: _____