

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 <div>California Form 802 For Official Use Only FEB 29 2016 City Clerk Dept. City of San Marcos</div> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)
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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 159.00
Event Description 2016 SANDAG RETREAT Date(s) 3 / 09 / 16 03 / 11 / 16
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:
ORLANDO, CHRIS	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
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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	2/24/2016 (Month, Day, Year)
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Comment: _____