

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name		<b>RECEIVED</b> Date Stamp <b>California Form 802</b> SEP 21 2016 For Official Use Only City Clerk Dept. City of San Marcos	
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	<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 \$ \_\_\_\_\_ \$125.00

Event Description 2016 Charity Wings Event  
Provide Title/Explanation  
Date(s) 10 / 15 / 16 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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:		
Vice Mayor Rebecca Jones			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]*  
Signature of Agency Head or Designee

JACK GRIFFIN

Print Name

CITY MANAGER

Title

9/14/2016

(Month, Day, Year)

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