

**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	California Form 802
FEB 15 2017		For Official Use Only
City Clerk Dept. City of San Marcos		
<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 \$ \$750.00

Event Description Chamber of Commerce State of the City Date(s) 02 / 28 / 17 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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:
LYNCH, DAHVIA	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS
COATS, CHRISTIE	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: PUBLIC PURPOSE FOR 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

02/15/2017

(Month, Day, Year)

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

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Continuation Sheet**

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<b>A. Name of Agency, Department or Unit</b>	<b>Number of Ticket(s)/Pass(es)</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>		
<b>B. Name of Individual (Last, First)</b>	<b>Number of Ticket(s)/Pass(es)</b>	<b>Identify one of the following:</b>		
MILLER, MICHELLE	1	Ceremonial Role <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
GRIFFIN, JACK	1	Ceremonial Role <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
VANWEY, BRETT	1	Ceremonial Role <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
MCCLAIN, MIKE	1	Ceremonial Role <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
<b>C. Name of Outside Organization (include address and description)</b>	<b>Number of Ticket(s)/Pass(es)</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>		

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<b>A.</b> Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy		
<b>B.</b> Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:		
RADMILL, TESS	1	Ceremonial Role <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
SCOLICK, PHIL	1	Ceremonial Role <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
	1	Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
<b>C.</b> Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy		