

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

**A Public Document**

|   |                                  |  |                            |
|---|----------------------------------|--|----------------------------|
| <b>1. Agency Name</b>                           |                                  | Date Stamp   | California Form <b>802</b> |
| CITY OF SAN MARCOS                              |                                  | RECEIVED   |                            |
| Division, Department, or Region (If Applicable) |                                  | For Official Use Only  |                            |
| Designated Agency Contact (Name, Title)         |                                  | SEP 25 2017  |                            |
| LORI WILCOX, DEPUTY CITY CLERK                  |                                  | City Clerk Dept.<br>City of San Marcos                                   |                            |
| Area Code/Phone Number<br>(760) 744-1050        | E-mail<br>LWILCOX@SAN-MARCOS.NET | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) |                            |
|   |                                  | Date of Original Filing: _____<br>(Month, Day, Year)                     |                            |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \$40.00

Event Description 2017 Honoring our Region's Heroes Date(s) 9 / 19 / 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<br>(Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |                                 |
| Vice Mayor Rebecca Jones   |                              | Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> | Income <input type="checkbox"/> |
|  |                              | PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS  |                                 |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i>            | Income <input type="checkbox"/> |
| C. Name of Outside Organization<br>(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

9/13/2017 \_\_\_\_\_  
(Month, Day, Year)

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