

**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)		Date Stamp  <b>RECEIVED</b>  <b>OCT 16 2017</b>  City Clerk Dept. City of San Marcos	California Form <b>802</b>  For Official Use Only
Designated Agency Contact (Name, Title)  LORI WILCOX, DEPUTY CITY CLERK		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number (760) 744-1050	E-mail LWILCOX@SAN-MARCOS.NET		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \$100.00

Event Description 2017 Charity Wings Annual Auction  
Provide Title/Explanation Date(s) 10 / 14 / 17 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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:	
Desmond, Jim		1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>	Income <input type="checkbox"/>
			PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS	
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>	Income <input type="checkbox"/>
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  Print Name	CITY MANAGER  Title	10/11/2017  (Month, Day, Year)
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Comment: \_\_\_\_\_