

**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)

RECEIVED

California  
Form

**802**

For Official Use Only

FEB 28 2018

City Clerk Dept.  
City of San Marcos

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 \$ \_\_\_\_\_ \$250.00

Event Description Una Noche Mas Gala Date(s) 2 / 17 / 18 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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:
Vice Mayor Rebecca Jones	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS	Income <input type="checkbox"/>
	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:	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.

  
Signature of Agency Head or Designee

JACK GRIFFIN

Print Name

CITY MANAGER

2/27/2018

(Month, Day, Year)

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