

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
CITY OF SAN MARCOS		RECEIVED	
Division, Department, or Region (If Applicable)		MAR 14 2018	
Designated Agency Contact (Name, Title)		City Clerk Dept. City of San Marcos	
LORI WILCOX, DEPUTY CITY CLERK		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number (760) 744-1050	E-mail LWILCOX@SAN-MARCOS.NET	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	\$167.00
Event Description	Disneyland Tickets	Date(s)	02 / 14 / 18 12 / 31 / 18
Provide Title/Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If no:	Name of Source
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	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:		
San Marcos Fire Department	228	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
		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.

	JACK GRIFFIN Print Name	CITY MANAGER Title	3/14/2018 (Month, Day, Year)
Signature of Agency Head or Designee			
Comment:	FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)		