

**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>MAY 09 2018</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"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)	
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 \$ 250.00

Event Description CSUSM 2018 Annual Gala Date(s) 06 / 02 / 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)

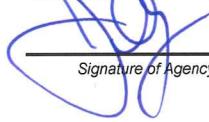
**3. Recipients**

• 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:	
JONES, REBECCA	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
DESMOND, JIM	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

05/09/2018

(Month, Day, Year)

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