

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

A Public Document

|  |   |   |   |
|--|---|---|---|
| <b>1. Agency Name</b><br>CITY OF SAN MARCOS<br>Division, Department, or Region (If Applicable) |   | <div>Date Stamp<br/><b>RECEIVED</b><br/>AUG 17 2018<br/>City Clerk Dept.<br/>City of San Marcos</div>                                   | <b>California Form 802</b><br>For Official Use Only |
| <b>Designated Agency Contact (Name, Title)</b><br>LORI WILCOX, DEPUTY CITY CLERK               |   |   |   |
| <b>Area Code/Phone Number</b><br>(760) 744-1050  | <b>E-mail</b><br>LWILCOX@SAN-MARCOS.NET |   |   |
|  |   | <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)<br>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 \$ \_\_\_\_\_ \$375.00  
Event Description Tri-City Foundation Diamond Ball Date(s) 10 / 27 / 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)*

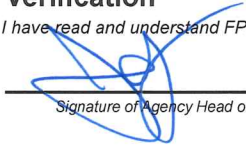
**3. Recipients**

• 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<br>(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"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i><br>PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i>  |
|  |                              |   |
| 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.

|   |                            |                       |                                  |
|---|----------------------------|-----------------------|----------------------------------|
| <br>Signature of Agency Head or Designee | JACK GRIFFIN<br>Print Name | CITY MANAGER<br>Title | 08/15/2018<br>(Month, Day, Year) |
|---|----------------------------|-----------------------|----------------------------------|

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

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)