

**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 RECEIVED SEP 18 2018 City Clerk Dept. City of San Marcos <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) LORI WILCOX, DEPUTY CITY CLERK		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 \$ \$525.00

Event Description 2017 LOCC Annual Conference & Expo Provide Title/Explanation Date(s) 09 / 13 / 17 09 / 15 / 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:		
JABARA, KRISTAL	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
Title

09/12/2018
(Month, Day, Year)

Comment: _____