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

A Public Document

Date Stamp	**California Form 802**
RECEIVED APR 3 0 2019 City Clerk Dept. City of San Marcos	For Official Use Only

1. Agency Name
CITY OF SAN MARCOS

Division, Department, or Region *(If Applicable)*

Designated Agency Contact *(Name, Title)*

LORI WILCOX, DEPUTY CITY CLERK

☐ Amendment *(Must provide explanation in Part 3.)*

Area Code/Phone Number	E-mail
(760) 744-1050	LWILCOX@SAN-MARCOS.NET

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 $ _____ 150.00

Event Description __40th Annual Boys & Girls Auction__
Provide Title/Explanation

Date(s) 04 / 27 / 19 ___ / ___ / ___

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:
	PETREK, JAY		Ceremonial Role ☒ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS
			Ceremonial Role ☐ Other ☐ Income ☐ *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.

Signature of Agency Head or Designee	JACK GRIFFIN *Print Name*	CITY MANAGER *Title*	04/24/2019 *(Month, Day, Year)*

Comment: _____