

**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)

Designated Agency Contact (Name, Title)

LORI WILCOX, DEPUTY CITY CLERK

Area Code/Phone Number

(760) 744-1050

E-mail

LWILCOX@SAN-MARCOS.NET

Date Stamp

RECEIVED

MAY 29 2019

City Clerk Dept.
City of San Marcos

**California
Form**

802

For Official Use Only

Amendment (Must provide explanation in Part 3.)

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 \$ **\$175.00**

Event Description **2019 Visionary LEAD Awards**
Provide Title/Explanation

Date(s) **06 / 06 / 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:	
JONES, REBECCA			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

CITY MANAGER

05/29/2019

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Comment: _____