

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

A Public Document

1. Agency Name CITY OF SAN MARCOS		Date Stamp <b>RECEIVED</b> NOV 18 2019 City Clerk Dept. City of San Marcos	California Form <b>802</b> For Official Use Only
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	<input type="checkbox"/> 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 \$ \$37.00

Event Description SM Sheriff Senior Volunteer Luncheon Date(s) 12 / 11 / 19  
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: <b>PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS</b>
WALTON, RANDY	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <b>PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS</b>
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	11/13/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

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