

# 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**

DEC 11 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 \$ 250.00

Event Description North County Food Bank Gala  
Provide Title/Explanation

Date(s) 12 / 14 / 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	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <b>PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS</b>
	1	Ceremonial Role <input type="checkbox"/> Other <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.

  
Signature of Agency Head or Designee

JACK GRIFFIN

Print Name

CITY MANAGER

Title

12/11/2019

(Month, Day, Year)

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