

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

## A Public Document

<p><b>1. Agency Name</b>  <b>CITY OF SAN MARCOS</b>  <b>Division, Department, or Region (If Applicable)</b>  <b>CITY CLERK DEPARTMENT</b>  <b>Designated Agency Contact (Name, Title)</b>  <b>PHIL SCOLICK, CITY CLERK</b></p>		<p>Date Stamp</p>	<p><b>California Form 802</b>  For Official Use Only</p>
<p><b>Area Code/Phone Number</b> <b>E-mail</b></p> <p>(760) 744-1050      <b>PSCOLICK@SAN-MARCOS.NET</b></p>		<p><input type="checkbox"/> <b>Amendment</b> (<i>Must provide explanation in Part 3.</i>)</p> <p><b>Date of Original Filing:</b> _____  <i>(Month, Day, Year)</i></p>	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 300.00

Event Description TRUECARE GRAND GALA Provide Title/Explanation Date(s) 03 / 26 / 22    /    /

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.

<b>A. Name of Agency, Department or Unit</b>		<b>Number of Ticket(s)/ Pass(es)</b>	Describe the public purpose made pursuant to the agency's policy		
<b>B. Name of Individual (Last, First)</b>		<b>Number of Ticket(s)/ Pass(es)</b>	Identify one of the following:		
NUÑEZ, MARIA			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:		
<b>C. Name of Outside Organization (include address and description)</b>		<b>Number of Ticket(s)/ Pass(es)</b>	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**

4-12-27

*(Month, Day, Year)*

### Comment: