

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

A Public Document

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

**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 Date(s) 03 / 26 / 22  
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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
NUÑEZ, MARIA		Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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	4-12-22 (Month, Day, Year)
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Comment: \_\_\_\_\_