

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

A Public Document

1. Agency Name CITY OF SAN MARCOS <hr/> Division, Department, or Region (If Applicable) CITY CLERK DEPARTMENT <hr/> Designated Agency Contact (Name, Title) JULIA MOSS, DEPUTY CITY CLERK <hr/> <table style="width:100%;"> <tr> <td style="width:50%;">Area Code/Phone Number (760) 744-1050</td> <td style="width:50%;">E-mail JMOSS@SAN-MARCOS.NET</td> </tr> </table>		Area Code/Phone Number (760) 744-1050	E-mail JMOSS@SAN-MARCOS.NET	Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number (760) 744-1050	E-mail JMOSS@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 \$ \$704.48

Event Description Planning Commissioner Academy Date(s) 03 / 16 / 22 03 / 18 / 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:
Flodine, Eric		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> 2022 Planning Commissioner's Academy (\$426.33)
		Ceremonial Role <input type="checkbox"/> Other <input checked="" 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	04/12/2022 (Month, Day, Year)
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Comment: _____