

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)

CITY CLERK DEPARTMENT

Designated Agency Contact (Name, Title)

PHIL SCOLICK, CITY CLERK

Area Code/Phone Number
(760) 744-1050

E-mail

PSCOLICK@SAN-MARCOS.NET

Received	
Date Stamp	California Form 802
JUL 27 2022	
City Clerk Department City of San Marcos	
<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 \$ 438.00

Event Description Cal Cities Conf. Hotel Reservation

Date(s) 09 / 07 / 22 09 / 09 / 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 (Last, First)		Number of Ticket(s)/Pass(es)	Identify one of the following:	
Nunez, 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:	
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.

M. Bender for Jack Griffin

Signature of Agency Head or Designee

JACK GRIFFIN

Print Name

CITY MANAGER

Title

7/26/2022

(Month, Day, Year)

Comment: _____

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Designated Agency Contact (Name, Title) PHIL SCOLICK, CITY CLERK		City Clerk Department City of San Marcos	
Area Code/Phone Number (760) 744-1050	E-mail PSCOLICK@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 \$ 600.00

Event Description League of Cal Cities Conference Date(s) 09 / 07 / 22 09 / 09 / 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)

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