

**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		Date Stamp	California Form <b>802</b> For Official Use Only
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: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 70

Event Description: Carlsbad Regional Comm. Summit Date(s) 09/06/2024 \_\_\_\_\_  
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? Yes  No  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)/Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
JONES, REBECCA			PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS <small>Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/>  <small>If checking "Ceremonial Role" or "Other" describe below:</small></small>
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	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.

mrb

Signature of Agency Head or Designee

MICHELLE BENDER

Print Name

CITY MANAGER

Title

10/7/2024

(month, day, year)

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

**Print**

**Clear**