

**Tickets Provided by  
Agency Report****A Public Document**TICKETS PROVIDED BY  
AGENCY REPORT

<b>1. Agency Name</b> CITY OF SAN MARCOS		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1 CIVIC CENTER DRIVE, SAN MARCOS, CA 92069			
Area Code/Phone Number 760/744-1050	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.)  Date of Original Filing: <u>6/2/2010</u> (month, day, year)	
Agency Contact (name and title) Susie Vasquez, City Clerk			

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 6 / 26 / 10 Description of Event: Cal State San Marcos Platinum Ball  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 300.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: PURCHASED BY AGENCY FROM CSUSM FOUNDATION

Number of Tickets Received: 1 Ticket(s) Provided to Agency: ☐ Gratuitously ☐ Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
JAMES DESMOND	1	Official Duties for Public Purpose - Educational Institution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: \_\_\_\_\_

Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_

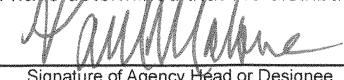
Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
\_\_\_\_\_  
\_\_\_\_\_

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

	Paul Malone	City Manager	6/2/2010
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
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