

**Tickets Provided by  
Agency Report**

**A Public Document**

TICKETS PROVIDED BY  
AGENCY REPORT

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

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

Date(s) of Event: 10 / 21 / 10 Description of Event: League of California Cities Quarterly Dinner Meeting  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 35.00/ea  
Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: PURCHASED DIRECTLY BY AGENCY  
Number of Tickets Received: 2 Ticket(s) Provided to Agency: ☐ Gratuitously ☐ Pursuant to Contract

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

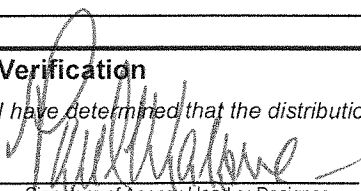
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
HAL MARTIN	1	Official Duties -Primary Representative to San Diego Div.
REBECCA JONES	1	Official Duties-Alternate Representative to San Diego Div.

**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 10/14/10  
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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