

**Tickets Provided by  
Agency Report**

**A Public Document**

TICKETS PROVIDED BY  
AGENCY REPORT

1. Agency Name CITY OF SAN MARCOS Division, Department, or Region (if applicable)		Date Stamp	California Form 802 For Official Use Only
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: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Susie Vasquez, City Clerk			

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

Date(s) of Event: 11 / 12 / 10 Description of Event: North County Volunteer Awards Luncheon  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 60.00

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

Name of Outside Source of Ticket(s) Provided to Agency: Direct Purchase from North County Philanthropy Council

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	Public Purpose promoting/supporting community program

**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 Signature of Agency Head or Designee	Print Name	City Manager Title	11/10/2010 (month, day, year)
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)