

**Tickets Provided by  
Agency Report**

**A Public Document**

TICKETS PROVIDED BY  
AGENCY REPORT

1. Agency Name CITY OF SAN MARCOS		Date Stamp	California Form <b>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.)	
Agency Contact (name and title) Melinda Cogle, Administration		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 12 / 13 / 10 Description of Event: San Marcos Sr. Volunteer Sheriff Patrol Holiday Dinner  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Face Value of Ticket: \$ 23.50

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

Name of Outside Source of Ticket(s) Provided to Agency: Direct purchase from SM Sheriff's Volunteer Patrol

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
DESMOND, JAMES	1	Public purpose for intergovernmental relations
MARTIN, HAL	1	Public purpose for intergovernmental relations

**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: \_\_\_\_\_

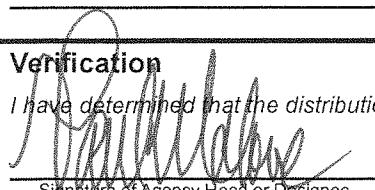
Description of Organization: \_\_\_\_\_

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.

  
Signature of Agency Head or Designee \_\_\_\_\_ Paul Malone \_\_\_\_\_ City Manager \_\_\_\_\_ 12/15/2010 \_\_\_\_\_  
Print Name \_\_\_\_\_ Title \_\_\_\_\_ (month, day, year)

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