

Agency Report of:  
Ceremonial Role Events and  
Ticket/Acknowledgment Distributions

A Public Document

1. Agency Name  CITY OF SAN MARCOS  Division, Department, or Region (if applicable)		Date Stamp	California Form <b>802</b> For Official Use Only
Street Address  1 CIVIC CENTER DRIVE, SAN MARCOS, CA 92069			
Designated Agency Contact (Name, Title)  Melinda Cogle, Administration		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 760/744-1050	E-mail	Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title San Marcos Boys & Girls Club Face Value of Each Admission \$ 125.00

Description Annual Auction Date(s) 05 / 07 / 11 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source \_\_\_\_\_

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title \_\_\_\_\_

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
DESMOND, JIM	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public purpose for intergovernmental relations Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.



Signature of Agency Head or Designee

PAUL MALONE

Print Name

CITY MANAGER

Title

04/28/2011

(month, day, year)

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