

**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 mcogle@san-marcos.net	Date of Original Filing: _____ (month, day, year)	

**2. Function, Event, or Ceremonial Role Information**

Title Palomar Pomerado Health Gala Face Value of Each Admission \$ 350.00  
Description PPH Foundation fundraiser Date(s) 06 / 04 / 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?

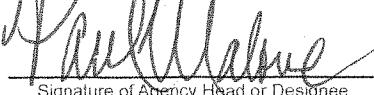
Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title \_\_\_\_\_

**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 <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"/>
		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.



Paul Malone

Print Name

City Manager

Title

05/25/11

(month, day, year)

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