

**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 802 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 An Evening in Tuscany Face Value of Each Admission \$ 300.00

Description Cal State San Marcos Gala Date(s) 06 / 18 / 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: _____

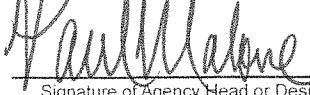
Official's Name (Last, First) and Title _____

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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
DESMOND, JIM	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income Public purpose for intergovernmental relations <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

05/25/11

(month, day, year)

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