

**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

A Public Document

1. Agency Name CITY OF SAN MARCOS Division, Department, or Region (if applicable)		Date Stamp RECEIVED OCT 13 2011 CITY OF SAN MARCOS CITY CLERK DEPT	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 North County Health Serv. Gala Face Value of Each Admission \$ 150.00

Description 40th Anniversary Date(s) 10 / 08 / 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"/>	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

10/13/2011

Title _____

(month, day, year)

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