

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

A Public Document

1. Agency Name		Date Stamp RECEIVED OCT 13 2011 CITY OF SAN MARCOS CITY CLERK DEPT	California Form 802 For Official Use Only
CITY OF SAN MARCOS			
Division, Department, or Region (if applicable)			
Street Address			
1 CIVIC CENTER DRIVE, SAN MARCOS, CA 92069			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Melinda Cogle, Administration			
Area Code/Phone Number	E-mail		
760/744-1050	mcogle@san-marcos.net		

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 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 City Manager 10/13/2011
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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