

A Public Document

1. Agency Name CITY OF SAN MARCOS Division, Department, or Region <i>(if applicable)</i>		<div> <div>Date Stamp</div> <div>RECEIVED</div> <div>DEC 14 2011</div> <div>CITY OF SAN MARCOS CITY CLERK DEPT</div> </div>	California Form 802 For Official Use Only
Street Address 1 CIVIC CENTER DRIVE, SAN MARCOS, CA 92069 Designated Agency Contact <i>(Name, Title)</i> Melinda Cogle, Administration			<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>
Area Code/Phone Number 760/744-1050	E-mail mcogle@san-marcos.net		

2. Function, Event, or Ceremonial Role Information

Title Palomar College Face Value of Each Admission \$ 250.00

Description	20th Annual Black Tie Gala	Date(s)	11/19/11	
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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	12/14/2011
_____ 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.)