

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

A Public Document

1. Agency Name CITY OF SAN MARCOS Division, Department, or Region (If Applicable) Designated Agency Contact (Name, Title) Melinda Cogle, Administrative Supervisor Area Code/Phone Number 760/744-1050 E-mail mcogle@san-marcos.net		RECEIVED Date Stamp MAY 16 2012 CITY OF SAN MARCOS CITY CLERK DEPT	California Form 802 For Official Use Only <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)
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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 30.00

Event Description LOCC Executive Committee Meeting Date(s) 05 / 14 / 12
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.


A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Martin, Hal	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Public purpose for promoting intergovernmental relations
Jones, Rebecca	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Public purpose for promoting intergovernmental relations

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Signature of Agency Head or Designee	Lydia Romero Print Name	Acting City Manager Title	05/16/2012 (Month, Day, Year)
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Comment: _____

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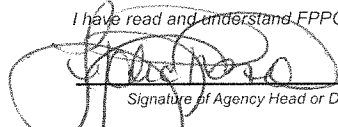
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B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Jabara, Kristal		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Public purpose for promoting intergovernmental relations
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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Lydia Romero
 Print Name

Acting City Manager
 Title

05/16/2012
 (Month, Day, Year)

Comment: _____