

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

A Public Document

1. Agency Name <b>CITY OF SAN MARCOS</b> Division, Department, or Region (If Applicable)		Date Stamp <b>RECEIVED</b> <b>OCT 25 2012</b> CITY OF SAN MARCOS CITY CLERK DEPT	California Form <b>802</b> For Official Use Only
Designated Agency Contact (Name, Title) <b>Melinda Cogle, Administrative Supervisor</b>		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	
Area Code/Phone Number <b>760/744-1050</b>	E-mail <b>mcogle@san-marcos.net</b>	Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ **250.00**

Event Description **Palomar's Annual Gala** Date(s) **12 / 01 / 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.

<b>A.</b> Name of Agency, Department or Unit		Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
_____		_____	_____
_____		_____	_____
<b>B.</b> Name of Individual (Last, First)		Number of Ticket(s)/Pass(es)	Identify one of the following:
Desmond, Jim		1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <b>Public purpose for intergovernmental relations</b>
_____		_____	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
<b>C.</b> 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

Jack Griffin

Print Name

City Manager

Title

10/24/2012

(Month, Day, Year)

Comment: \_\_\_\_\_