

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

A Public Document

1. Agency Name CITY OF SAN MARCOS <hr/> Division, Department, or Region (If Applicable) <hr/> Designated Agency Contact (Name, Title) Melinda Cogle, Deputy City Clerk <hr/> <table style="width:100%;"> <tr> <td style="width:50%;">Area Code/Phone Number</td> <td style="width:50%;">E-mail</td> </tr> <tr> <td>760-744-1050</td> <td>mcogle@san-marcos.net</td> </tr> </table>		Area Code/Phone Number	E-mail	760-744-1050	mcogle@san-marcos.net	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Date Stamp RECEIVED JAN 11 2013 CITY OF SAN MARCOS CITY CLERK DEPT. </div> <div style="border: 1px solid black; padding: 5px;"> California Form 802 For Official Use Only <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) </div>
Area Code/Phone Number	E-mail					
760-744-1050	mcogle@san-marcos.net					

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ _____ 1162.00

Event Description LOCC New Councilmember Academy Date(s) 01 / 16 / 13 01 / 18 / 13
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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Jenkins, Sharon	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 / training
Griffin, Jack	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 / training

C. Name of Outside Organization <small>(include address and description)</small>	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.

 _____ <small>Signature of Agency Head or Designee</small>	Jack Griffin _____ <small>Print Name</small>	City Manager _____ <small>Title</small>	01/10/2013 _____ <small>(Month, Day, Year)</small>
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Comment: _____