

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

**A Public Document**

<b>1. Agency Name</b>  CITY OF SAN MARCOS  Division, Department, or Region (If Applicable)		Date Stamp <b>RECEIVED</b>  JAN 11 2013  CITY OF SAN MARCOS CITY CLERK DEPT.	California Form <b>802</b>  For Official Use Only
  <b>Designated Agency Contact (Name, Title)</b>  Melinda Cogle, Deputy City Clerk		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	
Area Code/Phone Number 760-744-1050	E-mail mcogle@san-marcos.net	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 \$ 1162.00

Event Description LOCC New Councilmember Academy  
Provide Title/Explanation Date(s) 01 / 16 / 13 01 / 18 / 13

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:		
Jenkins, Sharon	1	Ceremonial Role <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
If checking "Ceremonial Role" or "Other" describe below: Public purpose / training				
Griffin, Jack	1	Ceremonial Role <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
If checking "Ceremonial Role" or "Other" describe below: Public purpose / training				
<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

01/10/2013

(Month, Day, Year)

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