

**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)		Date Stamp: <b>RECEIVED</b> <b>JAN 16 2013</b> CITY OF SAN MARCOS CITY CLERK DEPT	California Form <b>802</b> For Official Use Only
Designated Agency Contact (Name, Title) Melinda Cogle, Deputy City Clerk		<input type="checkbox"/> Amendment (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 \$ 30.00

Event Description LOCC Executive Committee Meeting  
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:		
JABARA, KRISTAL		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 for intergovernmental relations		
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 for 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

Jack Griffin

Print Name

City Manager

Title

1/15/2013

(Month, Day, Year)

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

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<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:		
GRIFFIN, JACK			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 intergovernmental relations		
			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		

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