

**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>  JAN 25 2013	California Form <b>802</b>  For Official Use Only
Designated Agency Contact (Name, Title)  Melinda Cogle, Deputy City Clerk		CITY OF SAN MARCOS CITY CLERK DEPT.	
Area Code/Phone Number 760/744-1050	E-mail mcogle@san-marcos.net	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>1-25-13</u> <small>(Month, Day, Year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 50.00

Event Description CSUSM Report to the Community Date(s) 02 / 07 / 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 (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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>Public purpose for intergovernmental relations</u>	
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u> </u>	
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

01/23/2013

(Month, Day, Year)

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

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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"/>
			<small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>Public purpose for intergovernmental relations</u>		
Orlando, Chris		1	Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
			<small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>Public purpose for intergovernmental relations</u>		
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		

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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: Public purpose for intergovernmental relations				
Jones, Rebecca	1	Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
If checking "Ceremonial Role" or "Other" describe below: Public purpose for intergovernmental relations				

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	Jack Griffin	City Manager	01/23/2013
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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