

**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>JUN 14 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) Date of Original Filing: <u>06-14-13</u> <small>(Month, Day, Year)</small>	
Area Code/Phone Number 760/744-1050	E-mail mcogle@san-marcos.net		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 35.00

Event Description Boys & Girls Club Annual Luncheon Date(s) 06 / 13 / 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)

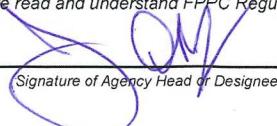
**3. Recipients**

• 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  (Last, First)	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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Public purpose for intergovernmental relations	
	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> 	
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 \_\_\_\_\_ Print Name Jack Griffin \_\_\_\_\_ Title \_\_\_\_\_  
 City Manager \_\_\_\_\_ Date 06/13/2013 \_\_\_\_\_ (Month, Day, Year)

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