

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)

Designated Agency Contact (Name, Title)

PHILLIP SCOLICK, CITY CLERK

Area Code/Phone Number

760-744-1050 EXT. 3105

E-mail

PSCOLICK@SAN-MARCOS.NET

RECEIVED  
AUG 14 2013  
CITY OF SAN MARCOS  
CITY CLERK DEPT.

California Form 802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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 \$ 525.00

Event Description LEAGUE OF CA. CITIES CONF.

Provide Title/Explanation

Date(s) 09 / 18 / 13 09 / 20 / 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.

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 COUNCILMEMBER	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 SUPPORTING INTERGOVERNMENTAL RELATIONS
ROMERO, LYDIA DEPUTY CITY MANAGER	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 SUPPORTING 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

8/14/2013

(Month, Day, Year)

Comment: TICKETS TO ANNUAL LEAGUE OF CALIFORNIA CITIES CONFERENCE