

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

A Public Document

1. Agency Name CITY OF SAN MARCOS		Date Stamp RECEIVED AUG 14 2013 CITY OF SAN MARCOS CITY CLERK DEPT.	California Form 802
Division, Department, or Region (If Applicable)			For Official Use Only
Designated Agency Contact (Name, Title) PHILLIP SCOLICK, CITY CLERK		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 760-744-1050 EXT. 3105	E-mail PSCOLICK@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 \$ 525.00

Event Description LEAGUE OF CA. CITIES CONF. Date(s) 09 / 18 / 13 09 / 20 / 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) _____

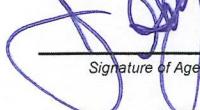
3. Recipients

• 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:
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

8/14/2013

(Month, Day, Year)

Comment: TICKETS TO ANNUAL LEAGUE OF CALIFORNIA CITIES CONFERENCE