

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

**A Public Document**

|   |                                 |  |   |
|---|---------------------------------|--|---|
| 1. Agency Name<br>CITY OF SAN MARCOS<br>Division, Department, or Region (If Applicable) |                                 | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Designated Agency Contact (Name, Title)<br>Melinda Cogle, Deputy City Clerk             |                                 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) |   |
| Area Code/Phone Number<br>760/744-1050  | E-mail<br>mcogle@san-marcos.net | Date of Original Filing: _____<br>(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 Date(s) 09 / 09 / 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)

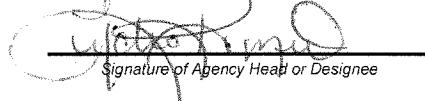
**3. Recipients**

• 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   |  | 1                            | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>Public purpose for intergovernmental relations |  |
| GRIFFIN, JACK   |  | 1                            | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>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

Lydia Romero

Print Name

Deputy City Manager

Title

09/17/2013

(Month, Day, Year)

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