

**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)

Melinda Cogle, Deputy City Clerk

Area Code/Phone Number

760/744-1050

E-mail

mcogle@san-marcos.net

RECEIVED

Date Stamp

APR 15 2014

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 \$ 30.00

Event Description LOCC Executive Committee Meeting
Provide Title/Explanation

Date(s) 04 / 14 / 14 _____ / _____ / _____

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"/>
		If checking "Ceremonial Role" or "Other" describe below:		
		Public purpose for intergovernmental relations		
GRiffin, JACK	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		
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

4-15-14

(Month, Day, Year)

Comment: _____