

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

**A Public Document**

|   |                                  |  |  |
|---|----------------------------------|--|--|
| <b>1. Agency Name</b><br>CITY OF SAN MARCOS                               |                                  | Date Stamp<br><b>RECEIVED</b><br><br>SEP 18 2018<br><br>City Clerk Dept.<br>City of San Marcos   | <b>California Form 802</b><br><small>For Official Use Only</small> |
| Division, Department, or Region (If Applicable)                           |                                  |  |  |
| Designated Agency Contact (Name, Title)<br>LORI WILCOX, DEPUTY CITY CLERK |                                  |  |  |
| Area Code/Phone Number<br>(760) 744-1050                                  | E-mail<br>LWILCOX@SAN-MARCOS.NET | <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)<br><br>Date of Original Filing: _____<br><small>(Month, Day, Year)</small> |  |

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$116.67

Event Description EDC Board Breakfast Meetings    Date(s) 08 / 01 / 18    11 / 05 / 18  
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<br><small>(Last, First)</small>                | Number of Ticket(s)/ Pass(es) | Identify one of the following:   |
| DESMOND, JIM   | 1                             | Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br><b>PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS</b> |
|  |                               | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization<br>(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.

|   |   |                                      |   |
|---|---|--------------------------------------|---|
| <br><small>Signature of Agency Head or Designee</small> | JACK GRIFFIN<br><small>Print Name</small> | CITY MANAGER<br><small>Title</small> | 09/12/2018<br><small>(Month, Day, Year)</small> |
|---|---|--------------------------------------|---|