

**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)

LORI WILCOX, DEPUTY CITY CLERK

Area Code/Phone Number

(760) 744-1050

E-mail

LWILCOX@SAN-MARCOS.NET

RECEIVED SEP 18 2018 City Clerk Dept. City of San Marcos	Date Stamp	<b>California Form 802</b> For Official Use Only
	<input type="checkbox"/> <b>Amendment</b> (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 2018 LOCC Annual Conference & Expo  
 Provide Title/Explanation

Date(s) 09 / 12 / 18 09 / 14 / 18

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 checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <b>PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS</b>
	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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	09/12/2018 (Month, Day, Year)
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Comment: \_\_\_\_\_