

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)

Date Stamped
RECEIVED

FEB 12 2020

California Form **802**

For Official Use Only

Designated Agency Contact (Name, Title)

LORI WILCOX, DEPUTY CITY CLERK

Area Code/Phone Number
(760) 744-1050

E-mail

LWILCOX@SAN-MARCOS.NET

City Clerk Dept.
City of San Marcos

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 \$ 100.00

Event Description 7th North County Economic Summit
Provide Title/Explanation

Date(s) 04 / 08 / 20 _____/_____/____

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:		
NUNEZ, MARIA	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/>	Income <input type="checkbox"/>	If checking "Ceremonial Role" or "Other" describe below: <u>PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS</u>
WALTON, RANDY	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/>	Income <input type="checkbox"/>	If checking "Ceremonial Role" or "Other" describe below: <u>PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS</u>
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.

JACK GRIFFIN

CITY MANAGER

2/12/2020

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Comment: _____