

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)

CITY CLERK DEPARTMENT

Designated Agency Contact (Name, Title)

PHIL SCOLICK, CITY CLERK

Area Code/Phone Number

(760) 744-1050

E-mail

PSCOLICK@SAN-MARCOS.NET

Received

Date Stamp

JUL 27 2022

City Clerk Department
City of San Marcos

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 \$ 458.00

Event Description Cal Cities Conf. Hotel Reservation
Provide Title/Explanation

Date(s) 09 / 07 / 22 09 / 09 / 22

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:
Griffin, Jack		Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS
		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.

mBerde for Jack Griffin

Signature of Agency Head or Designee

JACK GRIFFIN

Print Name

CITY MANAGER

Title

7/26/2022
(Month, Day, Year)

Comment: _____

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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 600.00

Event Description League of Cal Cities Conference
Provide Title/Explanation

Date(s) 09 / 07 / 22 09 / 09 / 22

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)

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Ms. Berke for Jack Griffin

Signature of Agency Head or Designee

JACK GRIFFIN

Print Name

CITY MANAGER

Title

7/26/22
(Month, Day, Year)

Comment: _____