

**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

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For Official Use Only
City Clerk Department
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 \$ 160.00

Event Description PALOMAR 75TH ANNIVERSARY

Date(s) 05 / 04 / 22 _____ / _____ / _____

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 (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:		
Jones, Rebecca; Musgrove, Ed; Jenkins, Sharon; Nuñez, Maria		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				
Griffin, Jack; Bender, Michelle; Sangster, Tess; Barron, Daniel		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				
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

4-26-22

(Month, Day, Year)

Comment: _____