

**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 SCOLLICK, CITY CLERK

**Area Code/Phone Number**      **E-mail**  
(760) 744-1050                      PSCOLLICK@SAN-MARCOS.NET

**Receive**      **California Form 802**  
Date Stamp      For Official Use Only  
APR 26 2022  
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: <b>PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS</b>
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: <b>PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS</b>
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      4-26-22  
 Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

Comment: \_\_\_\_\_