

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

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|---|-----------------------------------|---|--|--|
| 1. Agency Name | | Received | Date Stamp | California Form 802 |
| CITY OF SAN MARCOS | | SEP 28 2022 | | For Official Use Only |
| Division, Department, or Region (If Applicable) | | City Clerk Department City of San Marcos | | |
| 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 | | <input type="checkbox"/> 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 \$ 44.50

Event Description Red Ribbon Awards & Luncheon Date(s) 10 / 12 / 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)

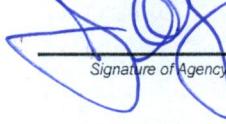
3. Recipients

• 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: | |
| Musgrove, Ed; Jenkins, Sharon | | | 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.


Signature of Agency Head or Designee

JACK GRIFFIN

Print Name

CITY MANAGER

Title

9/27/2022
(Month, Day, Year)

Comment: _____