

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

**A Public Document**

<b>1. Agency Name</b> CITY OF SAN MARCOS <hr/> <b>Division, Department, or Region</b> (If Applicable) CITY CLERK DEPARTMENT <hr/> <b>Designated Agency Contact</b> (Name, Title) PHIL SCOLICK, CITY CLERK <hr/> <table style="width:100%;"> <tr> <td style="width:50%;"><b>Area Code/Phone Number</b> (760) 744-1050</td> <td style="width:50%;"><b>E-mail</b> PSCOLICK@SAN-MARCOS.NET</td> </tr> </table>		<b>Area Code/Phone Number</b> (760) 744-1050	<b>E-mail</b> PSCOLICK@SAN-MARCOS.NET	<div style="border: 2px solid blue; padding: 10px; display: inline-block;"> <p style="font-size: 24px; color: blue; margin: 0;">Received</p> <p style="color: red; margin: 5px 0;">SEP 28 2022</p> <p style="font-size: 12px; color: blue; margin: 0;">City Clerk Department City of San Marcos</p> </div>	<b>Date Stamp</b>  <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  <b>Date of Original Filing:</b> _____  <small>(Month, Day, Year)</small> </div>	<div style="border: 1px solid black; padding: 5px;"> <p style="margin: 0;"><b>California Form 802</b></p> <p style="font-size: 10px; margin: 0;">For Official Use Only</p> </div>
<b>Area Code/Phone Number</b> (760) 744-1050	<b>E-mail</b> PSCOLICK@SAN-MARCOS.NET					

**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 <small>(Last, First)</small>	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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <b>PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS</b>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

 _____ <small>Signature of Agency Head or Designee</small>	JACK GRIFFIN _____ <small>Print Name</small>	CITY MANAGER _____ <small>Title</small>	<u>9/27/2022</u> _____ <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_