

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

**A Public Document**

<b>Agency Name</b> CITY OF SAN MARCOS		Date Stamp	<b>California Form 802</b>
<b>Division, Department, or Region (If Applicable)</b> CITY CLERK DEPARTMENT			For Official Use Only
<b>Designated Agency Contact (Name, Title)</b> PHIL SCOLLICK, CITY CLERK			
<b>Area Code/Phone Number</b> (760) 744-1050	<b>E-mail</b> PSCOLLICK@SAN-MARCOS.NET	<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <b>Date of Original Filing:</b> _____ <small>(Month, Day, Year)</small>	

**Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ **65.00**

Event Description NSDC NAACP 6th Annual Brunch    Date(s) 02 / 24 / 24 \_\_\_\_\_  
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)

**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:
JONES, REBECCA		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 <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**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.

\_\_\_\_\_    MICHELLE BENDER    CITY MANAGER    4/9/24  
Signature of Agency Head or Designee    Print Name    Title    (Month, Day, Year)