

**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			<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <b>Date of Original Filing:</b> _____ <small>(Month, Day, Year)</small>
<b>Area Code/Phone Number</b> (760) 744-1050	<b>E-mail</b> PSCOLLICK@SAN-MARCOS.NET		

**Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 30

Event Description Palomar College Community Showcase      Date(s) 03 / 06 / 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:
NUÑEZ, MARIA; JENKINS, SHARON; MUSGROVE, ED; SANNELLA, MIKE; 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> PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS
		Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS
BENDER, MICHELLE; BARRON, DANIEL; RALPH, KEVIN		
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

**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>	MICHELLE BENDER _____ <small>Print Name</small>	CITY MANAGER _____ <small>Title</small>	4/9/24 _____ <small>(Month, Day, Year)</small>
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