

**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 SCOLICK, CITY CLERK		Date Stamp	California Form <b>802</b> For Official Use Only
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: <u>2/27/2025</u> (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 12.51

Event Description: CSUSM Veterans History Project Date(s) 03/19/2025  
*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? Yes  No  If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

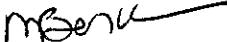
**3. Recipients**

\* 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.

<b>A.</b> Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy		
<b>B.</b> Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:		
JONES, REBECCA		Ceremonial Role <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
		PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS		
		Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
<b>C.</b> Name of Outside Organization (Include address and description)	Number of Ticket(s)/Passes	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.



MICHELLE BENDER

CITY MANAGER

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

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

**Print**

**Clear**

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

**California Form 802**  
**A Public Document**

Agency Name

CITY OF SAN MARCOS

**3. Recipients**

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B.	Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:		
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**Print**

**Clear**