

**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		Date Stamp	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) PHIL SCOLICK, CITY CLERK		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number (760) 744-1050	E-mail PSCOLICK@SAN-MARCOS.NET	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 \$ \$362.69

Event Description TrueCare Illumination Gala
Provide Title/Explanation 04 / 12 / 25

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) _____

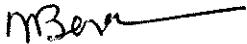
3. Recipients

• 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:	
JONES, REBECCA; LEBLANG, DANIELLE; NUÑEZ, MARIA		1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS	Income <input type="checkbox"/>
		1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:	Income <input type="checkbox"/>
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

MICHELLE BENDER

Print Name

CITY MANAGER

Title

(Month, Day, Year)

Comment: _____

**Agency Report of:
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Continuation Sheet**

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Agency Name

CITY OF SAN MARCOS

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- 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:		
	1	Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
	1	Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
	1	Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
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		