

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
CITY OF SAN MARCOS		For Official Use Only	
Division, Department, or Region (if applicable)			
CITY CLERK DEPARTMENT			
Designated Agency Contact (Name, Title)			
PHIL SCOLICK, CITY CLERK			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
(760) 744-1050	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 \$ 263.49

Event Description: EDC Annual Dinner Date(s) 05/15/2025
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source _____

Was ticket distribution made at the behest Yes No If yes: _____
Official's Name (Last, First) _____
of agency official?

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)/Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
			Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS
LEBLANG, DANIELLE; JONES, REBECCA; NUNEZ, MARIA	1		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C.	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.

mB

Signature of Agency Head or Designee

MICHELLE BENDER

Print Name

CITY MANAGER

Title

6/2/2025

(month, day, year)

Comment: _____

Print

Clear

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

**California
Form 802**

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Agency Name

CITY OF SAN MARCOS

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)/Passes	Describe the public purpose made pursuant to the agency's policy		
B.	Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:		
			Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
			<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
			Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
			<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
			Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
			<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy		

Print

Clear