

**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 802 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: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 30.00

Event Description: CITIZENS OF COURAGE AWARDS Date(s) 04/07/2025 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.

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:		
	MUSGROVE, ED		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>		
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.



MICHELLE BENDER

Signature of Agency Head or Designee

CITY MANAGER

Title

(month, day, year)

Comment: _____

Print

Clear

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Continuation Sheet**

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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>
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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