

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

**A Public Document**

<b>1. Agency Name</b> CITY OF SAN MARCOS Division, Department, or Region (If Applicable) CITY CLERK DEPARTMENT Designated Agency Contact (Name, Title) PHIL SCOLLICK, CITY CLERK Area Code/Phone Number      E-mail (760) 744-1050                      PSCOLLICK@SAN-MARCOS.NET		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>	

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes       No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$237.24

Event Description EDC Annual Dinner      Date(s) 06 / 04 / 26  
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)

**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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
SANNELLA, MIKE; MUSGROVE, ED	2	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <b>PUBLIC PURPOSE FOR INTERGOVERNMENTAL RELATIONS</b>
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.*

MICHELLE BENDER
CITY MANAGER
(Month, Day, Year)

Signature of Agency Head or Designee      Print Name      Title