Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions   A Public Document

1. Agency Name

Date Stamp

California Form 802

For Official Use Only

City of El Cajon

Division, Department, or Region *(if applicable)*

Designated Agency Contact *(Name, Title)*

Ryan Villegas, Ticket Administrator Designee, Management Analyst

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Area Code/Phone Number	E-mail
619-441-6211	rvillegas@cityofelcajon.us

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 $ 55.00

Event Description: Led Zepagain   Date(s) 1 / 18 / 20   ___ / ___ / ___
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?   Yes ☐   No ☒   If no: Live Nation - The Magnolia
Name of Source

Was ticket distribution made at the behest   Yes ☒   No ☐   If yes: Graham Mitchell - City Manager
of agency official?   *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:
	Gene Koshiol & Spouse	2	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* 4(o) - Employment retention programs, such as drawings or raffles, which aim to support overall employee morale.
			Ceremonial Role ☐ Other ☐ Income ☐ *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.

Signature of Agency Head or Designee	Ryan Villegas	TAD, Management Analyst	2/11/20
	Print Name	Title	*(month, day, year)*

Comment: _____