

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

A Public Document

1. Agency Name City of El Cajon		Date Stamp EL CAJON CA 2020 MAR 15 A 10: 12	California Form 802 For Official Use Only
Division, Department, or Region <i>(if applicable)</i>			<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>
Designated Agency Contact <i>(Name, Title)</i> Ryan Villegas, Ticket Administrator Designee, Management Analyst		Date of Original Filing: _____ <i>(month, day, year)</i>	
Area Code/Phone Number 619-441-6211	E-mail rvillegas@cityofelcajon.us		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 55.00

Event Description: Dennis DeYoung Date(s) 3 / 7 / 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 of agency official? Yes No If yes: Graham Mitchell - City Manager
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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
Michele Sawaya & Spouse	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> 4(o) - Employment retention programs, such as drawings or raffles, which aim to support overall employee morale.
		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 <i>(Include address and description)</i>	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.

Ryan Villegas
TAD, Management Analyst
3/9/20
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____