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

A Public Document

California Form 802

For Official Use Only

Date Stamp: CITY CLERK EL CAJON CA 2021 NOV 15 P 4: 2

1. Agency Name

City of El Cajon

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Ryan Villegas, Ticket Administrator Designee, Management Analyst

Area Code/Phone Number	E-mail
619-441-6211	rvillegas@elcajon.gov

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

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 $ 35.00

Event Description: Nick Kroll
Provide Title/ Explanation

Date(s) 11 / 6 / 21   ___/___/___

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 (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Michelle Bush & 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 _Print Name_	TAD, Management Analyst _Title_	11/15/21 _(month, day, year)_

Comment: _____