

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

A Public Document

1. Agency Name City of El Cajon		Date Stamp CITY CLERK EL CAJON CA 2021 NOV 24 P 12:41	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title) Ryan Villegas, Ticket Administrator Designee, Management Analyst		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 619-441-6211	E-mail rvillegas@elcajon.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 99.00

Event Description: Gilberto Santa Rosa Date(s) 11 / 18 / 21
Provide Title/ Explanation

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

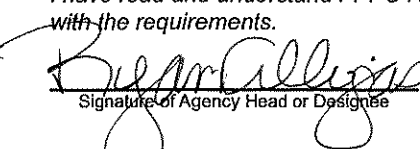
Was ticket distribution made at the behest of agency official? Yes No If yes: Graham Mitchell - City Manager
Official's Name (Last, First)

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 (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Martha Lopez & Spouse	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> 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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.


Ryan Villegas
TAD, Management Analyst
11/23/21
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: _____