

**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 <i>(if applicable)</i>		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <small>(month, day, year)</small>	
Designated Agency Contact <i>(Name, Title)</i>			
Ryan Villegas, Ticket Administrator Designee, Management Analyst			
Area Code/Phone Number	E-mail		
619-441-6211	rvillegas@elcajon.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 75.00

Event Description: Jeffrey Osborne Date(s) 12 / 11 / 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 <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
Michelle Sawaya & friend	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 <small>(Include address and description)</small>	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	<u>12/20/21</u> <small>(month, day, year)</small>
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Comment: _____