Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp City of El Cajon Form For Official Use Only 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 Date of Original Filing: _ 619-441-6211 rvillegas@elcajon.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{25.00}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Twisted Gypsy - Fleetwood Mac Trib. Date(s) 5 / 20 / Provide Title/ Explanation If no: Live Nation - The Magnolia Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source If yes: Graham Mitchell - City Manager Was ticket distribution made at the behest Yes ☑ No ☐ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Other X Ceremonial Role Income Dominic Mangiapane + Guest If checking "Ceremonial Role" or "Other" describe below: 2 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: Number: Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

Verification

Comment:

Thave read and understand FPPC Regu	ilations 18944.1 and 18942. I nave	e verified that the distribution set forth a	bove, is in accordance
with the requirements.			
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MULLEY	Ryan Villegas	TAD, Management Analyst	5/24/23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Agency Name				Date Stamp	Califo	rnia OAA
City of El Cajon					For	
Division, Department, or Re	egion (if applicable)				For	Official Use Only
Designated Agency Contac	t (Name, Title)	100 ·				
Ryan Villegas, Ticket Adm	ninistrator Designee, Ma	anagement Aı	nalyst	Amendment (M	lust Provide Explan	nation in Part 3.)
Area Code/Phone Number	E-mail					
619-441-6211	rvillegas@elcajon.g	lov		Date of Original Fil	ing:(month, c	lay, year)
Function or Event Info	ormation				25.00	
Does the agency have a t			ace Value of	Each Ticket/Pass	\$ 25.00	
Event Description: Twiste	d Gypsy - Fleetwood M	lac Trib. D	ate(s) 🏯	, 14 , 22		
Ticket(s)/Pass(es) provide	•		no: Live Nati	on - The Magnolia	<u></u>	
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Was ticket distribution ma	de at the behest Yes	No □ II	yes:	Official's Name (Last, I	First)	
of agency official?						
 Recipients Use Section A to identify the a 	gency's department or unit. • `	Use Section B to i	dentify an individ	lual. • Use Section C to	identify an outsic	le organization.
	enartment or Unit	Number of Ticket(s)/	Describe th	e public purpose mad	e pursuant to the	agency's policy
A. Name of Agency, De	epartment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose mad	e pursuant to the	agency's policy
	epartment or Unit	of Ticket(s)/	Describe th	e public purpose mad	e pursuant to the	agency's policy
	epartment or Unit	of Ticket(s)/	Describe th	e public purpose mad	e pursuant to the	agency's policy
	epartment or Unit	of Ticket(s)/	Describe th	e public purpose mad	e pursuant to the	agency's policy
	ndividual	of Ticket(s)/	Describe th	e public purpose mad		agency's policy
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۱.	Agency Name				Date Stamp	California 802
	City of El Cajon					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Decimated Assessment	Al. Tus				
	Designated Agency Contact	•	nagament A	actuat		
	Ryan Villegas, Ticket Admir Area Code/Phone Number	listrator Designee, ivia	anagement Ar	ialyst	Amendment (Must Pro	ovide Explanation in Part 3.)
					Date of Original Filing: _	,
	619-441-6211	rvillegas@elcajon.g	OV			(month, day, year)
2.	Function or Event Infor	mation			25	00
	Does the agency have a tick	· · ·	No ☐ Fa	ace Value of	Each Ticket/Pass \$ 25	
	Event Description: Twisted	Gypsy - Fleetwood M	ac Trib. D	ate(s) <u>8</u>	14 10 22 PV	
		Provide Title/ Explan	ation		on - The Magnolia	
	Ticket(s)/Pass(es) provided	by agency? Yes L			Name of Source	
	Was ticket distribution made	e at the behest Yes	No □ If	_{yes:} <u>Graham</u>	n Mitchell - City Manage Official's Name (Last, First)	∍r
	of agency official?				Oniciai s Name (Last, First)	
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3.	Recipients • Use Section A to identify the ages	ncy's department or unit. •	Use Section B to i	lentify an individ	lual. • Use Section C to identi	fy an outside organization.
			Number			
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
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	B. Name of Ind		Number of Ticket(s)/		Identify one of the fo	ollowing:
	(Last, Fi	rst)	Passes			
	Raul Armenta + Guest			If chec	monial Role Other X cking "Ceremonial Role" or "Other" des	cribe below:
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	Name of Outside (Organization	Number of Ticket(s)/	Describe ti	he public purpose made pur	suant to the agency's policy
	C. (include address an	d description)	Passes			
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4.	. Verification	DDO D	1 d = m = 1 400 40	l have verified	that the distribution act for	orth above is in accordance
	I have read and understand Fi with the requirements.	PPC Regulations 18944	.1 and 18942.	ı nave veriiled	that the distribution set it	in above, is in accordance
4	A (1/1)000	✓ Pva	n Villegas	T	AD, Management Analy	et Flaullaa
	Signature of Agency Head or Desig		rint Name		Title	(month, day, year)
	Comment:					

	Agency Name				Date Stam	ıp	California Form	802
_	City of El Cajon Division, Department, or Regi	on (if applicable)					For Official	
,	orriolori, Bopartillorit, or regi	or (ii application)						
•	Designated Agency Contact (Name, Title)						
	Ryan Villegas, Ticket Admin	<u> </u>	anagement A	nalyst	☐ Amendment	(Must Pro	vide Explanation i	n Part 3.)
•	Area Code/Phone Number	E-mail			Date of Original	Elling		
	619-441-6211	rvillegas@elcajon.g	ov		Date of Original	· · · · · · · · · · · · · · · · · · ·	(month, day, ye	ar)
	Function or Event Infor	mation				25.	00	
	Does the agency have a tick			ace Value of	Each Ticket/Pas	ss \$ <u>20.</u>	00	
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	Ticket(s)/Pass(es) provided	Provide Title/ Explan		no: Live Nati	on - The Magno	olia		
		•		Grahan	Name of Source n Mitchell - City	Manage	ar	
	Was ticket distribution made	e at the behest Yes	No□ II	yes: Otanan	Official's Name (La	st, First)	/1 	
	of agency official?							
			Use Section B to i	identify an individ	lual. • Use Section (`to identif	ty an outside org:	mization.
	Use Section A to identify the agen Name of Agency, Department		Number of Ticket(s)/ Passes	: Basangasata	ne public purpose m		XXIX	
	A. Name of Agency, Department	artment or Unit	Number of Ticket(s)/	: Basangasata		nade pursi	uant to the ager	
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe the	ne public purpose m	nade pursu	uant to the ager	cy's policy
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	Agency Name				Date Stamp	California OOO
	City of El Cajon					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Designated Agency Contact	(Name, Title)				
	Ryan Villegas, Ticket Admir	nistrator Designee, Ma	nagement Ar	nalyst	☐ Amendment /Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail		***		The Expression in Factor,
	619-441-6211	rvillegas@elcajon.g	vc		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic		No□ Fa	ace Value of	Each Ticket/Pass \$ 25.	.00
	Event Description: Twisted		-	ate(s) 5	94, 22	1 1
	Event Description:	Provide Title/ Explan	ation	, ,		
	Ticket(s)/Pass(es) provided	by agency? Yes [] No⊠ If	no: <u>Live Nati</u>	on - The Magnolia	
			lf	Grahan	Name of Source n Mitchell - City Manage	er
	Was ticket distribution made	e at the behest Yes	No□ "	yes	n Mitchell - City Manage Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
- "	• Use Section A to identify the age	ncy's department or unit. • I	Jse Section B to i	dentify an individ	lual. • Use Section C to identi	fy an outside organization.
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	A. Name of Agency, Dep	artificiation of the	of Ticket(s)/ Passes			
	B. Name of Inc.		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
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	Lilia Calip + Guest		2	If check	cking "Ceremonial Role" or "Other" des Dyment retention progra	eribe below: ams. such as drawings
	Li a Cali			or raffles, w	hich aim to support ove	erall employee morale.
				l .	monial Role Other	-
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	C. Name of Outside (Number of Ticket(s)/	Describe t	he public purpose made pur	suant to the agency's policy
	(include address an	iu description)	Passes			
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4.	Verification	TDD0 D	4 40040	I have varified	I that the distribution sat for	orth above is in accordance
	I have read and understand F with the requirements.	PPC Regulations 18944	.1 ano 16942.	i nave verilled	that the distribution set it	i .
	CH. Mano	D. D.	n Villogge	т	AD, Management Analy	vet Morillan
	Signature of Agency Head or Designation	<u>/ /</u>	n Villegas rint Name		Title	(month, day, year)
		-				
	Comment:					

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	Agency Name				Date Stamp	California 802
	City of El Cajon					Form GUZ For Official Use Only
	Division, Department, or Reg	ion (if applicable)				Tor Official Ose Only
	Designated Agency Contact	(Name, Title)				
	Ryan Villegas, Ticket Admir	nistrator Designee, Ma	anagement Ai	nalyst	Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Zipianianon in r ant oi,
	619-441-6211	rvillegas@elcajon.g	ov		Date of Original Filing: _	(month, day, year)
≥.	Function or Event Infor	mation	· · ·		25	00
	Does the agency have a tic	ket policy? Yes ∑	No ☐ F	ace Value of	Each Ticket/Pass \$ 25	.00
	Event Description: Twisted	Gypsy - Fleetwood M	ac Trib. D	ate(s)	14 , 22	
	Ticket(s)/Pass(es) provided] No⊠ If	no: Live Nati	on - The Magnolia	
				Grahan	Name of Source n Mitchell - City Manage	er .
	Was ticket distribution made of agency official?	e at the behest Yes 2	No□ ^{If}	yes: <u>Granan</u>	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the age	ncy's department or unit. • 1	Use Section B to i	dentify an individ	lual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
	B. Name of Inc. (Last, F) Steven Zipse + Guest	rst)	Number of Ticket(s)/ Passes	If chec	Identify one of the formation of the formation of the State of the sta	Income
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	C. Name of Outside (include address an		Number of Ticket(s)/ Passes	Describe t	he public purpose made pur	suant to the agency's policy
4.	Verification I have read and understand F	DDC Dogulations 19014	1 and 19040	I have verified	I that the distribution set fo	orth above is in accordance
2	with the requirements.	·	n Villegas		AD, Management Analy	Ela.do
	Signature of Agency Head or Desi		rint Name		Title	(month, day, year)
	Comment:					

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document California Date Stamp 1. Agency Name Form City of El Cajon For Official Use Only Division, Department, or Region (if applicable) **Designated Agency Contact** (Name, Title) Rvan Villegas, Ticket Administrator Designee, Management Analyst Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 619-441-6211 rvillegas@elcajon.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 25.00 Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: Twisted Gypsy - Fleetwood Mac Trib. Provide Title/ Explanation If no: Live Nation - The Magnolia Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛭 Name of Source If yes: Graham Mitchell - City Manager Was ticket distribution made at the behest Yes No I Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Income ___ Joseph Yeakey + Guest If checking "Ceremonial Role" or "Other" describe below: 2 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: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

4.	Verification		
	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above,	is in a	iccordance
	with the requirements.	\mathcal{A}	is an

Signature of Agency Head or Designee

Comment:

Ryan Villegas

TAD, Management Analyst

Title

<u> (</u>のonth, day, year)

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	gency Name			Date Stamp	California 202
	City of El Cajon				Form OUZ
D	ivision, Department, or Region (if applicable)				For Official Use Only
Ē	esignated Agency Contact (Name, Title)				
F	Ryan Villegas, Ticket Administrator Designee, M	anagement A	nalyst	☐ Amendment //	Must Provide Explanation in Part 3.)
Ā	rea Code/Phone Number E-mail				vidst i tovido Explandion in i dit o.,
6	rvillegas@elcajon.g	lov		Date of Original Fi	ling: (month, day, year)
F	Function or Event Information				05.00
E	Ooes the agency have a ticket policy? Yes	No ☐ F	ace Value of	Each Ticket/Pass	\$ 25.00
E	Event Description: Twisted Gypsy - Fleetwood N	lac Trib. D	ate(s) _6	, 14, 22	
7	Provide Title/ Explai Ticket(s)/Pass(es) provided by agency? Yes [no. Live Nati	on - The Magnolia	a
	ticket(s)/Fass(es) provided by agency:	_ 140	<u> </u>	Name of Source	
١	Vas ticket distribution made at the behest Yes	No □ If	yes: Granan	n Mitchell - City M Official's Name (Last,	
	of agency official?			Omoral a rigina (200)	· ·· - · ·
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe ti	ie public purpose mad	de pursuant to the agency's policy
	B. Name of individual	Number of Ticket(s)/		Identify one o	of the following:
	B. Name of Individual (Last, First) Robert Ransweiler + Guest	of Ticket(s)/ Passes	If ched	monial Role	ther X Income Dither describe below:
	(Last, First)	of Ticket(s)/	4(o) - Empl	monial Role	ther 🗵 Income [other* describe below: programs, such as drawings
	(Last, First)	of Ticket(s)/ Passes	4(o) - Emplor raffles, w	monial Role	ther land income lotter describe below: programs, such as drawings ort overall employee morale. wher land income
	(Last, First)	of Ticket(s)/ Passes	4(o) - Emploor raffles, w	monial Role	ther land income lotter describe below: programs, such as drawings ort overall employee morale. wher land income
	Robert Ransweiler + Guest Name of Outside Organization	of Ticket(s)/ Passes 2 Number of Ticket(s)/	4(o) - Emploor raffles, w	monial Role	Income of the Image of the Imag
	C. Name of Outside Organization (Include address and description)	of Ticket(s)/ Passes 2 Number of Ticket(s)/	4(o) - Emploor raffles, w	monial Role	Income of the Image of the Imag
	Robert Ransweiler + Guest Name of Outside Organization	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	4(o) - Emplor raffles, W Cere	monial Role	ther \(\sum \) Income \(\) Other describe below: programs, such as drawings ort overall employee morale. Other \(\sum \) Income \(\sum \) Other describe below: de pursuant to the agency's policy

1.	Agency Name				Date Stamp	California Q02
	City of El Cajon					Form OUZ
	Division, Department, or Reg	ion (If applicable)				For Official Use Only
	Designated Agency Contact (Name, Title)				
	Ryan Villegas, Ticket Admir	nistrator Designee, Ma	anagement A	nalyst	Amanda and days	
	Area Code/Phone Number	E-mail		-	Amendment (Must F	Provide Explanation in Part 3.)
	619-441-6211	rvillegas@elcajon.g	jov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	No□ 5	age Value of	Each Ticket/Pass \$ 2	5.00
	Event Description: Twisted		lac Trib. D	ate(s) 5 b	1 14 1 22	
	Ticket(s)/Pass(es) provided			no: Live Nati	on - The Magnolia	
	nokodojn abblobi providod	by agonoy. Test			Name of Source	
	Was ticket distribution made	at the behest Yes	⊠ No 🗆 If	yes: Granam	n Mitchell - City Manag Official's Name (Last, First)	<u>ger</u>
	of agency official?				Omoral o Harrio (Eddy Files)	
3.	Recipients • Use Section A to identify the ages	ncy's department or unit.	Use Section B to i	dentify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Dep.	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ie public purpose made pu	rsuant to the agency's policy
	B. Name of Ind	· · · · · · · · · · · · · · · · · · ·	Number of Ticket(s)/ Passes		Identify one of the	following:
	Paul Polombo + Guest	elles	2	4(o) - Emplo		
					monial Role	-
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
			a de la constantina della cons			
4.	Verification					
	I have read and understand FI with the requirements.	PPC Regulations 18944	4.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
1	Signature of Agency Head or Dealg		ın Villegas Print Name		AD, Management Ana	lyst 5/24/26 (month, day, year)
	Comment:					, , , , , , , , , , , , , , , , , , , ,

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 Date of Original Filling: Willegas@elcajon.gov Provide Explanation in Part 3.) Date of Original Filling: Willegas (Part of Code Code Code Code Code Code Code Code		Agency Name				Date Stamp	California 802
Designated Agency Contact (Name, Title) Ryan Villegas, Ticket Administrator Designee, Management Analyst Area Code/Phone Number 619-441-6211		•					
Ryan Villegas, Ticket Administrator Designee, Management Analyst Area Code/Phone Number 619-441-6211 Passage P		Division, Department, or Reg	i on (if applicable)				. or omean ass only
Area Code/Phone Number 619-441-6211 villegas@elca on.gov Date of Original Filing:		Designated Agency Contact	(Name, Title)				
Area Code/Phone Number 619-441-6211 rvillegas@elcajon.gov		Ryan Villegas, Ticket Admir	nistrator Designee, Ma	anagement A	nalyst	Amendment (Must F	Provide Explanation in Part 3.)
2. Function or Event Information Does the agency have a ticket policy? Yes No Devent Description: Twisted Gypsy - Fleetwood Mac Trib. Provide Titled Explanation Ticket(s)/Pass(es) provided by agency? Yes No Date(s) Date(Area Code/Phone Number	E-mail	***************************************			Torido Explandion III dat on
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 25.00 Event Description: Twisted Gypsy - Fleetwood Mac Trib. Provide Titlet Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Live Nation - The Magnolia Was ticket distribution made at the behest Yes No If no: Live Nation - The Magnolia Name of Sources (Fyes: Graham Mitchell - City Manager of agency official? 8. 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 Individual (Last, First) Brandon Farrelly + Guest 2		619-441-6211	rvillegas@elcajon.g	ov		Date of Original Filing:	(month, day, year)
Event Description: Twisted Gypsy - Fleetwood Mac Trib. 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 no: Live Nation - The Magnolia Name of Source Was ticket distribution made at the behest Yes No If no: Live Nation - The Magnolia Name of Source Official? 3. Recipients - Use Section A to Identify the agency's department or unit. - Use Section B to Identify an individual. - Use Section A to Identify an outside organization. Name of Agency, Department or Unit Number of Ticket(st) Describe the public purpose made pursuant to the agency's policy Passes Brandon Farrelly + Guest 2 - Ceremonial Role Other Ot	<u>.</u>	Function or Event Infor	mation	• •		Taranta and the same and the sa	
Ticket(s)/Pass(es) provided by agency? Yes \ No \ Since I no: Live Nation - The Magnolia Name of Source Was ticket distribution made at the behest Yes \ No \ Since I fyes: Graham Mitchell - City Manager of agency official? 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 Passes Brandon Farrelly + Guest 2 Alientify one of the following: Identify one of the fol		Does the agency have a tic	ket policy? Yes 🛭	No□ F	ace Value of	Each Ticket/Pass \$ 2	5,00
Was ticket distribution made at the behest Yes ⊠ No ☐ If yes: Graham Mitchell - City Manager of agency official? 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		Event Description: Twisted	Gypsy - Fleetwood M Provide Title/ Explan	ation	` ' '	/	
Was ticket distribution made at the behest Yes No If yes; Graham Mitchell - City Manager of agency official? 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. * Name of Agency, Department or Unit On Ticket(sty) Passes Describe the public purpose made pursuant to the agency's policy Passes * Brandon Farrelly + Guest Ceremonial Role Other Ot		Ticket(s)/Pass(es) provided	by agency? Yes [] No⊠ If	no: Live Nati		
A. Name of Agency, Department or Unit B. Name of Individual (Last, First) Brandon Farrelly + Guest 2 Ceremonial Role Other Income Income		NA			vos. Grahan		ger
* 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 Passes			e at the benest Yes 2	I No □ "	yes.	Official's Name (Last, First)	
Use Section A to identify the agency's department or unit. Vise Section B to identify an individual. Number of Ticket(s): Passes B. Name of Agency, Department or Unit Number of Ticket(s): Passes B. Name of Individual (Last, First) Brandon Farrelly + Guest 2 4(o) - Employment reletantion programs, such as drawings or raffles, which aim to support overall employee morale. Caremonial Role Other Income I in checking Commonial Role Other Income I inco		or agency official?					
A. Name of Agency, Department or Unit Number of Ticket(s)/ Passes	3.	•					- 11111
A. Name of Agency, Department or Unit of Ticket(s)/ Passes B. Name of Individual (Last, First) Passes Brandon Farrelly + Guest 2 Ceremonial Role Other Market describe below: 4(o) - Employment retention programs, such as drawings or raffles, which aim to support overall employee morale. Ceremonial Role Other Market describe below: 4(o) - Employment retention programs, such as drawings or raffles, which aim to support overall employee morale. Ceremonial Role Other Market describe below: Number of Ticket(s)/ Passes		• Use Section A to identify the age	ncy's department or unit.		dentify an individ	dual. • Use Section C to iden	tify an outside organization.
B. Name of Individual (Last, First) of Ticket(s)/ Passes Brandon Farrelly + Guest 2 Ceremonial Role Other Management of Ticket(s)/ Passes or raffles, which aim to support overall employee morale. Ceremonial Role Other Management of Other Management of State of S		A. Name of Agency, Dep	artment or Unit	of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy
B. Name of Individual (Last, First) of Ticket(s)/ Passes Brandon Farrelly + Guest 2 Ceremonial Role Other Management (Last, First) Income In				Passes	NAME OF STREET	and the state of t	
B. Name of Individual (Last, First) Brandon Farrelly + Guest 2							
B. Name of Individual (Last, First) Brandon Farrelly + Guest 2							
B. Name of Individual (Last, First) of Ticket(s)/ Passes Brandon Farrelly + Guest 2 Ceremonial Role Other Income							
It 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			ニー・ディー・フェー・・・・・・ アーディング ディー・ディー ちょうかん	of Ticket(s)/		Identify one of the	following:
2 4(o) - Employment retention programs, such as drawings or raffles, which aim to support overall employee morale. Ceremonial Role Other Income In		Brandon Farrelly + Guest			Cerer	monial Role 🔲 Other 🛭	
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) Of Ticket(s) Passes Describe the public purpose made pursuant to the agency's policy Passes Passes Passes Passes Passes Passes Passes Passes Other Income Income		Drandon runony source		2	4(o) - Emplo	cking "Ceremonial Role" or "Olher" de Dyment retention prog	escribe below: rams, such as drawings
Number of Ticket(s)/ Passes Number of Ticket		Jan San San San San San San San San San S					
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 Passes 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.				ļ	1		
C. Name of Outside Organization (include address and description) of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Passes 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.		And the state of t			n chec	Allig Ceremonal Note of Caler of	องเกษล ขอเบาง.
C. Name of Outside Organization (include address and description) of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Passes 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.		Market and the second s		Number			
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.				of Ticket(s)/	Describe th	he public purpose made pu	rsuant to the agency's policy
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.				1,0000			
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.							
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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.	4.	Verification		-			
with the requirements.		= = - :	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
Ryan Villegas TAD, Management Analyst 2/24/2	,		, NA				-/- 1
	_	1 x x x x x x x x x x x x x x x x x x x	1/O Rya	n Villegas	T/		lyst <u>2/24/2</u>
Signature of Agency Head of Designee Print Name Title (month, day, year)		Signature of Agency Head or Dest	inee P	rint Name		Title	(month, day, year)
Comment:		Comment:)				

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. Agency Name				Date Stamp	California OOO
City of El Cajon					Form 8UZ
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Designated Agency Contact	(Name, Title)				
Ryan Villegas, Ticket Admii	nistrator Designee, Ma	anagement A	nalyst	Amendment (Must F	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
619-441-6211	rvillegas@elcajon.g	ov		Date of Original Filing:	(month, day, year)
. Function or Event Infor	mation			- Tripe and the second	
Does the agency have a tic	ket policy? Yes	3 No□ F	ace Value of	Each Ticket/Pass \$ 2	5.00
Event Description: Twisted	Gypsy - Fleetwood M	ac Trib. D	ate(s) _6	1 22	
Ticket(s)/Pass(es) provided			no: Live Nati	on - The Magnolia	
monat(a), r doo(ab) provided	. 2) 2g2) . 100 <u>L</u>			Name of Source	nor
Was ticket distribution mad	e at the behest Yes 2	S No□ If	yes: Gianan	Mitchell - City Manag Official's Name (Last, First)	Jei
of agency official?					
8. Recipients					
 Use Section A to identify the age 	ncy's department or unit.	Use Section B to i	dentify an individ	lual. • Use Section C to iden	tify an outside organization.
		Number	a in the state of the		Nijelekske in Nijelske in Statistick († 1
A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe tr	ie public purpose made pu	rsuant to the agency's policy
B. Name of Inc. (Last, F		Number of Ticket(s)/ Passes		Identify one of the	following:
Jake Yuhas + Guest				nonial Role 🔲 Other 🛭	
The Juhan		2	4(o) - Emplo	king "Ceremonial Role" or "Olher" d Dyment retention prod	escribe below: rams, such as drawings
10 - 10			or raffles, w	hich aim to support o	verall employee morale.
,				monial Role Other	_
			If chec	king "Ceremonial Role" or "Other" d	escribe below:
C. Name of Outside		Number of Ticket(s)/	Describe ti	ne public purpose made pu	rsuant to the agency's policy
(morate addition at		Passes	Tarana Sanara Sanar		
•					
4. Verification					
I have read and understand F	PPC Regulations 18944	1,1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
with the requirements					1_1_1_
AN IUU oc	21 Rva	n Villegas	T/	AD, Management Ana	lyst 1204125
Signature of Agency Head or Desi		rint Name		Title	(month, day, year)
Commont					
Comment:					

Agency Name				Date Stamp	California OOO
City of El Cajon					Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Designated Agency Contact (Name, Title)				
Ryan Villegas, Ticket Admir	nistrator Designee, Ma	nagement A	nalyst	Amendment /Mus	t Provide Evolenation in Part 3)
Area Code/Phone Number	E-mail			Miletiumetic (Mas	Criovide Explanation in Fait 3.)
619-441-6211	rvillegas@elcajon.ge	οv		Date of Original Filing	3:(month, day, year)
Function or Event Infor	mation				
Does the agency have a ticl	ket policy? Yes 🔀	No□ F	ace Value of	Each Ticket/Pass \$.	25.00
Event Description: Twisted	Gypsy - Fleetwood M	ac Trib. D	\sim	194, 22	
Ticket(s)/Pass(es) provided	·		no: Live Nati		
			Graham	Name of Source n Mitchell - City Man	ager
Was ticket distribution made of agency official?	e at the behest Yes 2	No□ ^{IT}	yes: <u>Granan</u>	Official's Name (Last, Firs	egg.
Recipients					
• Use Section A to identify the ager	ncy's department or unit. • U	Jse Section B to i	dentify an individ	iual. • Use Section C to id	entify an outside organization.
A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made p	oursuant to the agency's policy
		Passes			
		Number of Ticket(s)/ Passes		Identify one of th	e following:
Naomi Gyerrero + Guest	∋	2	If check 4(o) - Emplo	king "Ceremonial Role" or "Other Dyment retention pro	describe below: grams, such as drawings
- WA TYPE TO THE		<u>ukkaman</u>	Cerer	monial Role 🔲 Other	Income
		Number of Ticket(s)/ Passes	Describe (ne public purpose made (oursuant to the agency's policy
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Verification					
verincation				that the distribution of	at forth about in in accordance
I have read and understand Fi	PPC Regulations 18944	.1 and 18942.	i nave verified	triat trie distribution se	it fortif above, is in accordance
	O	1 and 18942. Nillegas		AD, Management Ar	= 10 110
	Ryan Villegas, Ticket Admir Area Code/Phone Number 619-441-6211 Function or Event Information Does the agency have a ticket the Description: Twisted Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? Recipients Use Section A to identify the agency of A. Name of Agency, Department of Agency (Last, Fig. Name of Outside O	Function or Event Information Does the agency have a ticket policy? Yes Event Description: Twisted Gypsy - Fleetwood Mineral Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest Yes of agency official? Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit B. Name of Individual (Last, First) Naomi Gyerrero + Guest	Ryan Villegas, Ticket Administrator Designee, Management Adarea Code/Phone Number 619-441-6211 Function or Event Information Does the agency have a ticket policy? Event Description: Twisted Gypsy - Fleetwood Mac Trib. Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If Was ticket distribution made at the behest Yes No If of agency official? Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/Passes Name of Agency, Department or Unit B. Name of Individual (Last, First) Name of Outside Organization Number of Ticket(s)/Passes	Ryan Villegas, Ticket Administrator Designee, Management Analyst Area Code/Phone Number E-mail rvillegas@elcajon.gov Function or Event Information Does the agency have a ticket policy? Yes \(\times \) No \(\times \) Face Value of Event Description: Twisted Gypsy - Fleetwood Mac Trib. Date(s) \(\times \) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes \(\times \) No \(\times \) If no: Live Nation Was ticket distribution made at the behest Yes \(\times \) No \(\times \) If yes: Graham of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual of Ticket(s)/ Passes * Name of Agency, Department or Unit Number of Ticket(s)/ Passes Naomi Gyerrero + Guest Ceretifiched * A. Name of Outside Organization of Ticket(s)/ Describe tifiched * Outsid	Ryan Villegas, Ticket Administrator Designee, Management Analyst Amendment (Mus Area Code/Phone Number E-mail 619-441-6211 rvillegas@elcajon.gov Date of Original Filling Date of Original Fillin

Agency Report of:

	v										
C	e	ren	or	ıia	I R	ole	Events	and	Ticket/Pass	Distributions	

. Agency Name			Date Stamp	California 802
City of El Cajon Division, Department, or Region (if applicable)				For Official Use Only
, G , I,				
Designated Agency Contact (Name, Title)				
Ryan Villegas, Ticket Administrator Designee, Ma	anagement Ar	nalyst	Amendment (Must Pro	vide Explanation in Part 3.)
Area Code/Phone Number E-mail			D. A. of Oxford of Fillings	
619-441-6211 rvillegas@elcajon.g	ov		Date of Original Filing:	(month, day, year)
2. Function or Event Information			05	00
	april 1	ace Value of	Each Ticket/Pass \$ 25.	00
Event Description: Twisted Gypsy - Fleetwood M	ac Trib. D	ate(s) 🥭	<u>/ 14 / 22 _</u>	
Provide Title/ Explan	ation	no. Live Nati	on - The Magnolia	
Ticket(s)/Pass(es) provided by agency? Yes [_ 110 <u></u>		Name of Source	\u00e4
Was ticket distribution made at the behest Yes	No□ If	yes: Granam	Mitchell - City Manage Official's Name (Last, First)	
of agency official?				
3. Recipients				
• Use Section A to identify the agency's department or unit.	Use Section B to i	dentify an individ	lual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
B. Name of Individual (<i>Last, First</i>)	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
Megan Blake + Guest	2	If check 4(o) - Emplo	monial Role Other white a control of the contro	cribe below: ams, such as drawings
Mayor Blatte		Cerer	monial Role Other Other king "Ceremonial Role" or "Other" des	Income
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe ti	he public purpose made purs	suant to the agency's policy
4. Verification				
4. Verification I have read and understand FPPC Regulations 18944	l.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance
with the requirements	., .,			1
1 1 1 1 1 Rya	n Villegas	Т/	AD, Management Analy	ust 904/05
	rint Name		Title	(month, day, year)
Comment:				

Agency Report of:

Agency Report		
Ceremonial Rol	e Events and Ticket/Pass	Distributions

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	Agency Name				Date Stamp	California 802
	City of El Cajon Division, Department, or Reg	ion (if applicable)		·····		For Official Use Only
		, , , ,				
	Designated Agency Contact	(Name, Title)			1	
	Ryan Villegas, Ticket Admii	nistrator Designee, Ma	anagement A	nalyst	Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	619-441-6211	rvillegas@elcajon.g	ov		Date of Original Filing:	(month, day, year)
	Function or Event Infor	mation				- 00
	Does the agency have a tic			ace Value of	Each Ticket/Pass \$ 2	5.00
	Event Description: Twisted	Gypsy - Fleetwood M Provide Title/ Explan.	ation	Pate(s) 26	1/14 / 22	
	Ticket(s)/Pass(es) provided	l by agency? Yes □] No⊠ If	no: Live Nat	ion - The Magnolia	
	144 <i>15</i> 1 4 10 4 25 12 1		If	voc. Grahan	Name of Source n Mitchell - City Manag	ger
	Was ticket distribution mad of agency official?	e at the benest Yes	No □ "	yes	Official's Name (Last, First)	
	or agency official?					
	Recipients					
	• Use Section A to identify the age	ncy's department or unit. • 1		dentify an indivi	dual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Dep	partment or Unit	Number of Ticket(s)/	Describe ti	ne public purpose made pu	rsuant to the agency's policy
			Passes			
	R Name of Inc	loubline	Number		Identify one of the	following
	B. Name of Inc. (Last, F		of Ticket(s)/ Passes		identity one of the	
	Tracy Yale + Guest				monial Role 🔲 Other	
	A MANUEL AVE		2	4(o) - Empl	cking "Ceremonial Role" or "Other" d oyment retention prog	rams, such as drawings
	- Juny	- The state of the		or raffles, w	hich aim to support ov	verall employee morale.
					monial Role Other Other Other	
				11 6/781	uning dolonomin role of only a	
			Number			
	C. Name of Outside (include address ar		of Ticket(s)/ Passes	Describe t	he public purpose made pu	rsuant to the agency's policy
			rassca		The state of the s	
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l.	Verification		•			
•		PPC Regulations 18944	.1 and 18942.	I have verified	I that the distribution set	forth above, is in accordance
1	with the requirements.					1-1-
Ĺ	1 1 1VVles	\mathcal{A} $)$ Rya	n Villegas	T	AD, Management Ana	lyst <u> </u>
	Signature of Agency Head or Desi	griee P	rint Name		Title	(month, day, year)
	Comment:)				
4.	Dulles	A Rya	n Villegas		AD, Management Ana	lyst 504

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. Age	ency Name				Date Star	mp Ca	alifornia QAA
_	of El Cajon						Form OUZ
Divis	sion, Department, or Reg	ion (if applicable)					For Official Use Only
Desi	gnated Agency Contact ('Name,Title)					
	n Villegas, Ticket Admin	•	anagement A	nalyst	□ Amondmon	Must Provide E	xplanation in Part 3.)
Area	Code/Phone Number	E-mail			☐ Amendmen	it (Iviusi Piovide E	хріанацон ін Раң з.)
619	-441-6211	rvillegas@elcajon.g	ov		Date of Origina	i Filing:(mo.	nth, day, year)
. Fur	nction or Event Infor	mation					
Doe	es the agency have a tick	ket policy? Yes [5	3 No□ F	ace Value of	Each Ticket/Pa	ass \$ <u>25.00</u>	
Eve	nt Description: Twisted	Gypsy - Fleetwood M	ac Trib. D	ate(s)	14 / 22		_/
	et(s)/Pass(es) provided	Provide Title/ Explan	ation	no Live Nati	on - The Magn	olia	
i IUN	ionomi assissi provided	2, 490110) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Name of Source)	
	s ticket distribution made	at the behest Yes	I No □ If	yes: Gianan	Mitchell - City Official's Name (L		
of a	agency official?						
. R	ecipients						
• U	se Section A to identify the agen	ncy's department or unit. • 1	Use Section B to i	dentify an individ	ual. • Use Section	C to identify an o	utside organization.
Α.	Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe th	e public purpose	made pursuant t	o the agency's policy
A.	Name of Agency, Depa	artment or Unit	and the second s	Describe th	e public purpose	made pursuant t	o the agency's policy
A.	Name of Agency, Depa	artment or Unit	of Ticket(s)/	Describe th	e public purpose	made pursuant t	o the agency's policy
A .	Name of Agency, Depa	artment or Unit	of Ticket(s)/	Describe th	e public purpose	made pursuant t	o the agency's policy
A. —	Name of Agency, Depa	artment or Unit	of Ticket(s)/	Describe th	e public purpose	made pursuant t	o the agency's policy
			of Ticket(s)/ Passes	Describe th			
A		ividual	of Ticket(s)/ Passes	Describe th		made pursuant t	
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