Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form City of El Cajon 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 \$ 25.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: The Long Road - Eagles' Tribute Date(s) __7__/__9_/ Provide Title/ Explanation If no: Live Nation - The Magnolia Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source 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 В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Income Megan Blake & 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. Other Ceremonial Role 🔲 Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Verification

I have read and understand	d FPPC Regulati	ons 18944.1 and	i 18942. I have	verified that the dis	stribution set forth above,	is in accordance
with the requirements.	· ^ -				·	
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DAMA	USA	
Signature of Agency Head or I	Designee	

Ryan Villegas Print Name

TAD, Management Analyst

Comment

Agency Report of:

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Cere	monia	I Role	Events	and Tic	ket/Pass	Distribut	ions

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1.	Agency Name				Date Stamp	California OOO
	City of El Cajon					Form OUZ
	Division, Department, or Region	on (if applicable)		٠.		For Official Use Only
	Designated Agency Contact (/	Name, Title)	Tal. MI			
	Ryan Villegas, Ticket Admini	istrator Designee, I	Management A	nalyst	Amendment (Must Pro	ovide Evolenation in Part 3.1
	Area Code/Phone Number	E-mail			Attendition preserve	VIOLEXPICITATION III T GIT 5.)
	619-441-6211	rvillegas@elcajon	.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	nation				· · · · · ·
	Does the agency have a tick	et policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$ 25	.00
	Event Description: Long Ros	ad - An Eagles Trib	oute D		<u>/ 9 / 22</u> .	
	Ticket(s)/Pass(es) provided I	•		no: Live Nati	on - The Magnolia	
					Name of Source	Dr.
	Was ticket distribution made	at the behest Yes	⊠ No□ ^{lf}	yes: Granan	n Mitchell - City Manage Official's Name (Last, First)	∄ ·········
	of agency official?					
3.	• Use Section A to identify the agend		Number	T	dual. • Use Section C to identi	
	A. Name of Agency, Depa	riment or Onit	of Ticket(s)/ Passes	Describe to	ie paniic purpose made purs	uant to the agency's policy
		Addison to 1915	Number			
	B. Name of Indiv		of Ticket(s)/ Passes	·	Identify one of the fo	ollowing:
	Linda Sapp & Guest		2	If chec 4(o) - Emplo	monial Role Other Making "Ceremonial Role" or "Other" des byment retention progra hich aim to support over	cribe below: ams, such as drawings
	- Lwww.			1	monial Role Other L king "Ceremonial Role" or "Other" des	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
4.	Verification			•		
	I have read and understand FP with the requirements.	PC Regulations 189	44.1 and 18942.	l have verified	that the distribution set fo	orth above, is in accordance
	A Dan alle		/an Villegas		AD, Management Analy	
	Signature of Agency Head or Design Comment:) 	гии маше		THE	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form City of El Cajon 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 \$ 35.00 Does the agency have a ticket policy? Yes⊠ No □ Event Description: The Long Run - An Eagles Tribute Date(s) 7 / 9 / 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A.

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В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Bill W	ells & Guests	6	Ceremonial Role Other M Income 4(o) - Employment retention programs, such as drawings or raffles, which aim to support overall employee morale.
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
<u>c.</u>	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	- Additional Control of the Control		
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4. Verification

I have read and understand FPPC Regi	ulations 18944.1 and 18942. I hav	ve verified that the distribution set forth a	above, is in accordance
with the requirements.			\$ \$
Humallean.	Ryan Villegas	TAD, Management Analyst	8/8/as_
Signature of Agency Head or Designee	Print Name	Titte	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

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	City of El Cajon	I (//				For Official Use Only
	Division, Department, or Reg	юп (іг арріісаріе)				
	Designated Agency Contact	(Name, Title)				
	Ryan Villegas, Ticket Admir	·	anagement A	nalyst	D Amondmont (14) 45	unida Control (la facta)
	Area Code/Phone Number	E-mail			Amendment (Must Pi	rovide Explanation in Part 3.)
	619-441-6211	rvillegas@elcajon.g	gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes [X No□ F	ace Value of	Each Ticket/Pass \$ 25	5.00
	Event Description: Long Ru				<u>/ 9 / 22</u>	
	Ticket(s)/Pass(es) provided		nauon □ No⊠ If	no: Live Nati	on - The Magnolia	
	neket(s)/i ass(cs) provided	by agency: Test		•	Name of Source	
	Was ticket distribution made	e at the behest Yes [⊠ No□ If	yes: Granan	n Mitchell - City Manag Official's Name (Last, First)	er
	of agency official?					
3.	Recipients • Use Section A to identify the age A. Name of Agency, Dep		Use Section B to i			ify an outside organization.
	A. Name of Agency, sop		Passes			
		w. Lawrence			·	
	B. Name of Ind		Number of Ticket(s)/ Passes		ldentify one of the f	ollowing:
			rasses	Cerer	monial Role Other	Income 🔲
	John Phillips & Guest	Philles	2	4(o) - Emplo	cking "Ceremonial Role" or "Other" de Dyment retention progr	
				1	monial Role Other Coking "Ceremonial Role" or "Other" de	Income
					-	
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe ti	he public purpose made pur	suant to the agency's policy
				<u> </u>		
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4.	Verification I have read and understand Fi	DDC Dogulations 1904	4.1 and 19042	I have varified	that the distribution set f	orth above is in accordance
	with the requirements.	FFC Regulations 1094	4. 1 and 10942.	r nave vermeu	that the distribution set i	A A
2	Scholam 100	<i>₹</i> ₩\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ın Villegas	T	AD, Management Anal	yst 8/8/20
	Signature of Agency Head or Desig		Print Name		Title	(month, day, year)
	Comment:	**************************************		<u></u>		

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verification			
I have read and understand FPPC Regula	ations 18944.1 and 18942. I hav	ve verified that the distribution set forth a	bove, is in accordance
with the requirements.			/ /
Millian illiano.	Ryan Villegas	TAD, Management Analyst	8/9/20
Signature of Agency Head or Designee	Print Name	Title	(mbnth, day, year)
Comment:			

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-	Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	Comment:			