Agency Report of:

| • • | eremonial Role Even Agency Name | | | | Date Stamp | California OOO |
|----------|--|---|--|---|---|-------------------------------|
| | City of El Cajon | | | раце Stamp | Form 802 | |
| | Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) | | | | For Official Use Only | |
| i | | | | | | |
| | Ryan Villegas, Ticket Administrator Designee, Management Analyst | | | Amondment (that | Double Control to D. 101 | |
| , | Area Code/Phone Number | E-mail | | Amendment (Must Provide Explanation in Part 3.) | | |
| | 619-441-6211 | rvillegas@elcajon.g | jov | | Date of Original Filing:(month, day, year) | |
| | Function or Event Information | | | | | |
| | Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of I | | | | Each Ticket/Pass \$ 2 | 50.00 |
| | Event Description: Steve Vai - inviolate Tour Provide Title/ Explanation Date(s) 9 | | | | <u> </u> | |
| | | | | | ion - The Magnolia Name of Source | |
| | Was ticket distribution made at the behest Yes ⊠ No ☐ If yes: Graham | | | | n Mitchell - City Mana Official's Name (Last, First | nger . |
| | of agency official? | | | | Official's Name (Last, First |) |
| . | • Use Section A to identify the ager A. Name of Agency, Department | Use Section B to i Number of Ticket(s)/ Passes | o identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy | | | |
| | B. Name of Ind | lvidual | Number of Ticket(s)/ | | Identify one of the | ofollowing: |
| | (Last, Fi | rst) | Passes | | | |
| | Aaron Jones & Guest | | 2 | 4(o) - Emplo | nonial Role Other Important Income king "Ceremonial Role" or "Other" describe below: byment retention programs, such as drawings hich aim to support overall employee morale. | |
| | | | | 1 | monial Role Other cking "Ceremonial Role" or "Other" | |
| | C. Name of Outside Organization (include address and description) | | Number of Ticket(s)/ Passes | Describe the | ne public purpose made pursuant to the agency's policy | |
| | | | | | | |
| | | | | | | |
| | Verification | | | | | |
| | Verification I have read and understand FI with the requirements. | PPC Regulations 18944 | .1 and 18942. | I have verified | that the distribution set | forth above, is in accordance |