Comment:

,	Agency Name City of El Cajon				Date Stamp	California 802		
						Form OU2		
	Division, Department, or Reg	lon (if applicable)		For Official Use Only				
	Designated Agency Contact (							
	Ryan Villegas, Ticket Admin	ınalyst	Amendment (Must i	rovide Explanation in Part 3.)				
	Area Code/Phone Number 619-441-6211	101/		Date of Original Filing:				
_		rvillegas@elcajon.g	, OV		<del>"</del>	(month, day, year)		
	Function or Event Information							
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ 55.00							
	Event Description: Belinda	Gariisie	nation [	Date(s)	25 / 22			
	Provide Title/ Explanation  Ticket(s)/Pass(es) provided by agency? Yes □ No 図 If no: Live Nation - The Magnolia							
	.,		Name of Source	ner				
	Was ticket distribution made	at the behest Yes	Mitchell - City Mana Official's Name (Last, First)	901				
	of agency official?							
3.	Recipients							
	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	identify an individ	ual. • Use Section C to ider	ntify an outside organization.		
	A. Name of Agency, Department or Unit Of Ticket(s)/ Describe the				e public purpose made pu	rsuant to the agency's policy		
			Passes		स्य व्यक्तिकृति स्वर्गिति विशेषात्र स्वर्गात्र स्वर्गात्र व्यव्यक्ति । 	ijas rejamas ir sama maja pastolika sama -		
			<u> </u>					
	B. Name of Indi	lvidual .	Number		Identify one of the	fatlowing		
	Last, Fir	and the second of the second o	of Ticket(s)/ Passes		identily one of the	following:		
	Autumn Reberger & Swest				nonial Role 🔲 Other [			
			2		king "Ceremonial Role" or "Other" d syment retention prog	escribe below: rams, such as drawings		
X		and the same of th		or raffles, w	nich aim to support o	verall employee morale.		
				1	nonial Role  Other  Other  Other			
				) in circur	ang colombian told of called a			
			Number					
	C. Name of Outside O		of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy		
	***							
	Verification							
4.								
4.	I have read and understand FF	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set	forth above, is in accordan		
4.	I have read and understand FF with the requirements	PPC Regulations 18944 ⁄	.1 and 18942.	I have verified	that the distribution set	forth above, is in accordan		
1.		ledo Rya	n Villegas		that the distribution set  D, Management Ana			

## Agency Report of:

Agency Report of.	
Ceremonial Role Events and Ticket/Pas	s Distributions

**A Public Document** 

1.	Agency Name				Date Stamp	California 802				
	City of El Cajon  Division, Department, or Regi	on (if anniicable)				For Official Use Only				
	Division, Department, or iteg	он (п аррисаріе)								
	Designated Agency Contact (	Name, Title)								
	Ryan Villegas, Ticket Admin	istrator Designee, M	Amendment (Must Provide Explanation in Part 3.)							
	Area Code/Phone Number	E-mail			Amendment (wast Flowide Explanation in Fall 5.)					
	619-441-6211	rvillegas@elcajon.ç	Date of Original Filing:							
2.	Function or Event Information									
	Does the agency have a tick	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ 65.00								
	Event Description: Belinda Carlisle Date(s) 10 / 25 / 22									
	Provide Title/ Explanation									
	ricket(s)/Pass(es) provided	Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ If no: Live Nation - The Magnolia  Name of Source								
	Was ticket distribution made	Was ticket distribution made at the behest Yes ☑ No ☐ If yes: Graham Mitchell - City Manager  Official's Name (Last, First)								
	of agency official?				Onicial's Name (Last, 1 list)					
3.	Paciniants									
Ο.	<b>.</b>	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, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	se public purpose made pursi	uant to the agency's policy				
			rasses	1 1, - 2, 1 2, 2	***************************************					
	B. Name of Ind (Lest, Fit		Number of Ticket(s)/ Passes			llowing:				
	Bill Wells-& Guest	100	4	If chec 4(o) - Emplo	nonial Role  Other  Airline  Other  Airline  Coremonial Role" or "Olher" description description description description progra	ms, such as drawings				
	- MILL	//			hich aim to support ove					
	<b>T</b>				nonial Role Other Other description of the descript	Income L				
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy				
	Plane Control of the									
_										
4.	Verification									
	I have read and understand FI with the requirements	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordant with the requirements								
	Rusam 1000	MA Pun	AD, Management Analy	st 10/01/00						
	Signature of Agency Head or Desig	NAME OF THE PROPERTY OF THE PR				(month, ddy, year)				
	Comment:									