

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> City of El Cajon Division, Department, or Region (if applicable)		Date Stamp	<b>California Form 802</b> For Official Use Only
Designated Agency Contact (Name, Title) Ryan Villegas, Ticket Administrator Designee, Management Analyst		<input type="checkbox"/> Amendment (Must Provide Explanation In Part 3.)  Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 619-441-6211	E-mail rvillegas@elcajon.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 35.00

Event Description: Blue October Date(s) 10 / 30 / 22  
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)

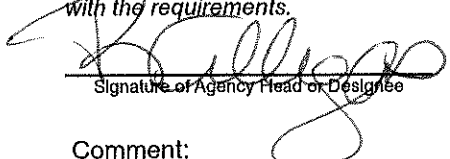
**3. Recipients**

• 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 (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
<u>Dorothy Cook &amp; Guest</u>	<u>2</u>	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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

**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.

 Ryan Villegas TAD, Management Analyst 11/7/22  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_