Comment:

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e:	re	eı	n	Ol	ni	al		R	O	1	e	E	vents	and	Ticket/Pass	<b>Distributions</b>

Cerem	nonial Role Ever	its and Ticket/	Pass Distri	ibutions	· •	A Public Document	
	ncy Name		Date Stamp	California 802			
	of El Cajon						
Divisi	ion, Department, or Reg	ion (if applicable)	]	For Official Use Only			
Desig	nated Agency Contact	(Name, Title)					
Ryan	n Villegas, Ticket Admi	nistrator Designee,	Amendment (Must Provide Explanation in Part 3.)				
Area	Code/Phone Number	E-mail				· · · · · · · · · · · · · · · · · · ·	
619-	441-6211	rvillegas@elcajo	n.gov		Date of Original Filing	: (month, day, year)	
. Fun	ction or Event Info	mation					
Does	s the agency have a tid	ket policy? Ye	Each Ticket/Pass \$ 5	55.00			
Even	nt Description: Disney		<u>, 15 , 22 </u>	, , , , , , , , , , , , , , , , , , ,			
		Provide Title/ Ex					
Ticke	et(s)/Pass(es) provided	by agency? Ye	on - The Magnolia				
Was	ticket distribution mad	e at the behest va	orania II	f ves: Grahan	n Mitchell - City Mana Official's Name (Last, First	ger	
	gency official?	c at the periest. 46	s ☑ 140 ☐	· y · · · · · · · · · · · · · · · ·	Official's Name (Last, First	)	
	<b>cipients</b> e Section A to identify the age	ncy's department or unit.	dual. • Use Section C to ide	ntify an outside organization.			
<b>A</b> .	Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy	
		orana a ara a a a			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
В.	Name of Inc (Last, F		Number of Ticket(s)/ Passes		Identify one of the	following:	
Bra	ndon Injs & Gyest	AMERICAN CONTROL CONTR	2	4(o) - Emplo		<del></del> -	
					monial Role Other king "Ceremonial Role" or "Other" o		
<b>C</b> .	Name of Outside (include address an		Number of Ticket(s)/ Passes	Describe ti	ne public purpose made pi	ursuant to the agency's policy	
					ž		
	St 4!		<u> </u>	<u>V</u>	<u> </u>		
	fication	DDO Dameto (1	444	Lhava	Alone Alone alle Authorite de la compa	faull above to to accord	
	e read and understand F the requirements.	PPU Regulations 189	144.1 and 18942.	i nave verified	tnat the distribution set	forth above, is in accordance	
X	ream 200	CA R	yan Villegas	TA	AD, Management Ana	alyst 1/12/25	
Sig	nature of Agency Head or Design		Print Name		Title	(month, day, year)	