## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California City of El Cajon **Form** safiul W Xerk Division, Department, or Region (if applicable) For Official Use Only Designated Agency Contact (Name, Title) Ryan Villegas, Ticket Administrator Designee, Management Analyst 1881 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 \$ 12.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Queen Nation Date(s) 4 / 21 / 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Income Gary Kendrick & 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. Ceremonial Role Other $\square$ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description)

## 4. Verification

I have read and understand FPPC Regulation	s 18944.1 and 18942.	I have verified that the	distribution set forth above	, is in accordance
with the requirements.				ė ė

Passes

	Well our
Signature o	Agency Head of Designee

Ryan Villegas Print Name

TAD, Management Analyst

Comment:

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Signe	ture of Age	ncy Head o	r Designee

Ryan Villegas
Print Name

TAD, Management Analyst

month, day, year

Comment: