	Agency Name City of El Cajon Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title)			Date Stamp	California OOO
				ESSIVED OFFICE OF Form OUZ	
Ī				CHTY CLERK LL GAJON CA	For Official Use Only
-				13 JUN 21 P 3: 28	
	Ryan Villegas, Ticket Administrator Designee, Management Analyst			Amendment (Must Provide Explanation in Part 3.)	
7	Area Code/Phone Number E-mail			Date of Original Filing:(month, day, year)	
	619-441-6211 rvillegas@elcajon.gov				
	Function or Event Information				65.00
	Does the agency have a ticket policy? Yes ⊠ No ☐ Face Value of			Each Ticket/Pass \$ 65.00	
	Event Description: Chris Botti Date(s) 6			<u>/ 15 / 23</u>	
	Provide Title/ Explanation			on - The Magnolia	
				Name of Source	
	Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Grahar			n Mitchell - City Ma Official's Name (Last. F	nager
	of agency official?			Oniciai s Name (Last, 1	noij
3.	Recipients				
	• Use Section A to identify the agency's department or unit.	Use Section B to ic	dentify an individ	dual. • Use Section C to	identify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made	pursuant to the agency's policy
		Number			
	B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of	the following:
	Antonio Alva & Guest Muth-W	2	4(o) - Emplo	cking "Ceremonial Role" or "Oth Dyment retention p	er 🗵 Income 🗆 er" describe below: rograms, such as drawings t overall employee morale.
			1	monial Role Oth cking "Geremonial Role" or "Oth	er Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe t	he public purpose mad	e pursuant to the agency's policy

_	Verification				
4.		4 4 1 400 40	I have verified	that the distribution .	eat forth above is in accordance
4.	I have read and understand FPPC Regulations 18944 with the requirements	1.1 and 18942.	r nave vermeu		set form above, is in accordance