## **Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form City of El Cajon For Official Use Only 打进下玩礼 (位 Division, Department, or Region (if applicable) - | | In hiilia Designated Agency Contact (Name, Title) 2023 Ryan Villegas, Ticket Administrator Designee, Management Analyst 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 \$ Does the agency have a ticket policy? Yes ☑ No □ Event Description: Ana Barbara Date(s) \_\_10\_\_/\_ 6 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Devanira Pelavo-Brito 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 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) Passes

Verification			
I have read and understand FPPC Regulation with the requirements.	s 18944.1 and 18942. I ha Ryan Villegas	ve verified that the distribution set forth al TAD, Management Analyst	bove, is in accordance
Signature of Abency Head or Designee  Comment:	Print Name	Title	(mbnth, day, year)
		I FPPC Toil-Free Helpline: 866/A5	FPPC Form 802 (2/2016 SK-FPPC (866/275-3772