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

A Public Document

California Form 802
For Official Use Only

1. Agency Name

City of El Cajon

Division, Department, or Region *(if applicable)*

Date Stamp

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2023 OCT 18 A 10: 15

Designated Agency Contact *(Name, Title)*

Ryan Villegas, Ticket Administrator Designee, Management Analyst

☐ **Amendment** *(Must Provide Explanation In Part 3.)*

Area Code/Phone Number	E-mail
619-441-6211	rvillegas@elcajon.gov

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐   Face Value of Each Ticket/Pass $ 27.50
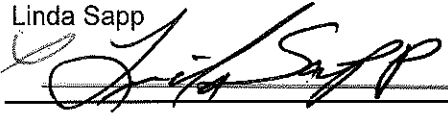
Event Description: Mayor Wells & Friends ECTLC Benefit
Provide Title/ Explanation

Date(s) 9 / 30 / 23   ___ / ___ / ___

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 Yes ☒ No ☐   If yes: Graham Mitchell - City Manager
of agency official?
Official's Name (Last, First)

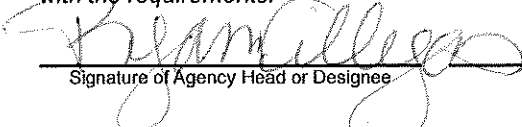## 3. Recipients

• 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:
Linda Sapp *(signature)*	2	Ceremonial Role ☐ Other ☒ Income ☐ *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 ☐ Other ☐ Income ☐ *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.

(signature)	Ryan Villegas	TAD, Management Analyst	10/17/23
Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*

Comment: _____