**Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp () California iry olen City of El Cajon AD BOLAC TA For Official Use Only Division, Department, or Region (if applicable) 7073 ACT 18 A 10: 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 **Date of Original Filing:** rvillegas@elcajon.gov 619-441-6211 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 29.50 Does the agency have a ticket policy? Yes ☑ No □ Event Description: Story Pirates Date(s) 10 / 7 / 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 Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Joshua Ricks 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. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

## 4. Verification

with the requirements.			į.
Foldmall 1000	Ryan Villegas	TAD, Management Analyst	10/17/22

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Signature of Agency Head or Designee

Print Name

(month, day, year)

Comment: \_