Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name California Ono Date Stamp

City of El Cajon				grafige, Of	Form UUZ
Division, Department, or Region (if applicable)				VLERK JOH DA	For Official Use Only
Designated Agency Contact	(Name, Title)	****	7074 JAN 5	  0 P  : 33	,
Ryan Villegas, Ticket Admir	nistrator Designee, M	anagement		Amendment (Must Pro	vide Evelenation in Day 21
Area Code/Phone Number	E-mail				vide Explanation in Part 3.)
619-441-6211	rvillegas@elcajon.gov			Date of Original Filing:(month, day, year)	
. Function or Event Infor	mation				
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of			Face Value of	Each Ticket/Pass \$ <u><sup>49.</sup></u>	50
Event Description: Ryan Hamilton			Date(s)1	, 27 , 24	
Ticket(a)/Dage(as) provided	Provide Title/ Explai		is not live Natio	on - The Magnolia	
Ticket(s)/Pass(es) provided	by agency? Yes [			Name of Source	
Was ticket distribution made at the behest Yes 🔼 No		No I	If yes: Graham Mitchell - City Manager  Official's Name (Last, First)		
of agency official?	.55			Official's Name (Last, First)	
. Recipients					
• Use Section A to identify the age	ncy's department or unit. •	Use Section B to	o identify an individ	ual. • Use Section C to identif	y an outside organization.
A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
B. Name of Ind	ividual	Number		Identify one of the fo	Houting
(Last, Fil		of Ticket(s)/ Passes		raenary one of the fol	llowing:
Mike Moulton		2	4(o) - Emplo	nonial Role  Other   wing "Ceremonial Role" or "Other" description programich aim to support ove	ms, such as drawings
•				nonial Role Other Other Ming "Ceremonial Role" or "Other" desc	income income
C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
provide the control of the control o					
. Verification					
I have read and understand FI	PPC Regulations 18944	l.1 and 18942	2. I have verified t	that the distribution set for	th above, is in accordanc
with the requirements.	0 2	n Villegas		.D, Management Analys	10000
Signature of Agency Head of Desig	<u> </u>	rint Name		Title	(month, day, year)

reimeation			
have read and understand FPPC Regulation	ns 18944.1 and 18942. I ha	ve verified that the distribution set forth at	oove, is in accordance
with the requirements.			
Alar Illian	Ryan Villegas	TAD, Management Analyst	1 24 24
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment			
COMMENT			