Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

A Public Document

. Agency Name				Date Stamp	Cal	ifornia OOO
City of El Cajon						orm OUZ
Division, Department, or Region (if applicable)				121.00 151.1	HANDE VE BLERF	or Official Use Only
					JOH O	
Designated Agency Contact (Name, Title)					, ,om 1. t	· gmin
Ryan Villegas, Ticket Administrator Designee, Management Analyst				767/1 (1/1)	(Must Provide Evr	Dianation in Part 3.)
Area Code/Phone Number E-m	E-mail			Americanesis	(IMUSE F TOVIDE EXP	ranadon in Cart 3.7
619-441-6211 rvill	egas@elcajon.go	οv		Date of Original	Filing:	h, day, year)
2. Function or Event Informati	On					
Does the agency have a ticket p		7 No. 17 Ev	aco Value of I	Each Ticket/Pas	.c. ⊈ 48.00	
- ·					-5 ψ	
Event Description: Psychology o	Provide Title/ Explana	D	ate(s)/	28 , 24		·
Ticket(s)/Pass(es) provided by a			no. Live Natio	on - The Magno	lia	
Tionet(a)/1 ass(co) provided by a	gonoy. 163 <u></u>	a number		Name of Source		
Was ticket distribution made at the behest Yes ☑ No ☐ If yes: Graham Min					Vianager	
of agency official?				Oliiciai s Name (Las	or, i noi)	
3. Recipients• Use Section A to identify the agency's de	martment or unit + T	Tea Caction R to b	dentify an individ	ual • Uca Section C	to identify an out	teide arganization
- Ose Section A to itentify the agency's the	epartinent or time. • C	Number	acitiny an intervie	uai. Ose dection C	to facility an out	Side organization,
A. Name of Agency, Departmen	nt or Unit	of Ticket(s)/	Describe th	e public purpose m	ade pursuant to	the agency's policy
		Passes	Andrew Carleton		The State Av Davids	;
		Number				
B. Name of Individua (Last, First)		of Ticket(s)/ Passes		Identify one	of the following	
			Cerem	nonial Role 🔲	Other 🔀	Income
Dominic Mangiapane & Guest		2	If checi	king "Ceremonial Role" or	"Other" describe belov	w:
N A		-				uch as drawings nployee morale.
			• • • • • • • • • • • • • • • • • • • •		Other	Income
				king "Ceremonial Role" or		
Name of Outside Organi	zation	Number	CHEST CHEST AT		January and the	the accounts policy
C. (include address and desc		of Ticket(s)/ Passes	Describe in	je public purpose ni	iaue pursuant to	the agency's policy
4. Verification						
I have read and understand FPPC I	Regulations 18944.	1 and 18942.	I have verified	that the distribution	on set forth abo	ve, is in accordance
with the requirements.						\
1 DANGAULOR	Rvan	Villegas	ΤA	D, Managemen	it Analyst	311123
Signature of Agency Head or Designate		nt Name		Title		(month, day, year)
Commont:						