**Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** City of El Cajon FORM FOR FOR (MEDICAL COMMENTS OF THE FORM For Official Use Only Division, Department, or Region (if applicable) EL DAJÜLÜÄ Designated Agency Contact (Name, Title) Ryan Villegas, Ticket Administrator Designee, Sr. 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 \$ 86.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Sofia Nino de Rivera Date(s) \_\_4\_\_/\_ 13 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 Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) **Passes** Other X Ceremonial Role Income Daniela Rodriguez 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. Income Ceremonial Role Other 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** 

## 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. Ryan Villegas TAD, Management Analyst Signature of Agency Head or Designee Print Name Title (month, day, year)