

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

**A Public Document**

<b>1. Agency Name</b> City of El Cajon		Date Stamp  MAY 16 2024 10:58 AM EL CAJON, CA	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable)		<input checked="" type="checkbox"/> <b>Amendment:</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title) Ryan Villegas, Ticket Administrator Designee, Sr. Management Analyst			
Area Code/Phone Number 619-441-6211	E-mail rvillegas@elcajon.gov		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 59.00

Event Description: Steven Ho & Nurse John    Date(s) 5 / 5 / 24

Provide Title/ Explanation

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 of agency official?    Yes     No     If yes: Graham Mitchell - City Manager

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:
<u>Alejandro Tomas</u> 	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <b>4(o) - Employment retention programs, such as drawings or raffles, which aim to support overall employee morale.</b>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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 of Agency Head or Designee	Ryan Villegas Print Name	TAD, Management Analyst Title	<u>5/16/24</u> (month, day, year)
Comment: _____			

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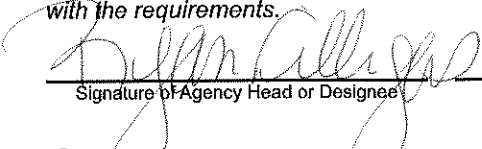
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	Ryan Villegas	TAD, Management Analyst	5/6/24
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: \_\_\_\_\_