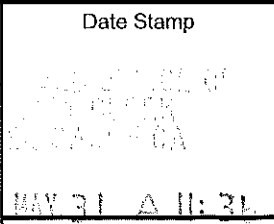


**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 188.20


Event Description: Chiquis Date(s) 5 / 30 / 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)

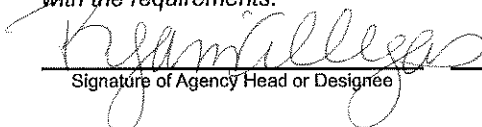
3. Recipients

• 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:
Jaime Avila 	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> 4(o) - Employment retention programs, such as drawings or raffles, which aim to support overall employee morale.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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>5/31/24</u> (month, day, year)
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Comment: _____