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

1. Agency Name **A Public Document**

. Agency Name				Date Stamp	California 802
City of El Cajon					
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Designated Agency Contact ((Name, Title)			Yan San Care	
Ryan Villegas, Ticket Admir	nistrator Designee, Sr.	. Managemen	t Analyst	Jamandrhant Wester	(Ma Evolonation in Part 3)
Area Code/Phone Number E-mail			Date of Original Filing:		
619-441-6211 rvillegas@elcajon.gov					
2. Function or Event Infor	mation				
		7 	oo Value of	Each Ticket/Pass \$ 64.5	50
Does the agency have a ticl					
Event Description: Scott Bra	aqiee Provide Title/ Explan	Da	ate(s) <u>8</u>		
Ticket(s)/Pass(es) provided	•		no. Live Nati	on - The Magnolia	
nononon adoles, provided	by agonoy. 168 L			Name of Source	
Was ticket distribution made	at the behest Yes 🛚	S No□ If:	_{yes:} <u>Granam</u>	n Mitchell - City Manage Official's Name (Last, First)	r
of agency official?				Oniolai s Maine (Lasi, i iisi)	
Daninianta					
B. RecipientsUse Section A to identify the ager	ncy's denartment or unit	Use Section B to id	entify an individ	lual. • Use Section C to identif	v an outside organization.
- Coccoon is to dentity the ager	tey's department of diski	Number	170 200 200		, orang orBanning.
A. Name of Agency, Depart	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
		rasses		. '	
	,				
a the second sec	B. Carlotte and the second	Number	EASIATES		
B. Name of Ind (Last, Fit	7.	of Ticket(s)/ Passes		Identify one of the fol	lowing:
Paul Parombo			Ceren	nonial Role Other X	Income
	$\mathcal{L}_{\mathcal{L}}$	2		king "Ceremonial Role" or "Other" desc Dyment retention progra	
X) Faul to	lembo			hich aim to support ove	
/			Cerer	nonial Role 🔲 💮 Other 🔲	Income 🔲
		-	If chec	king "Ceremonial Role" or "Other" desc	ribe below:
Name of Outside C	Organization	Number of Ticket(s)/	1 1	ne public purpose made purs	ant to the agency's policy
(include address an	d description)	Passes			
				nnennunsianun saanu	
A.					
4. Verification			_		
I have read and understand FI with the requirements.	PPC Regulations 18944	.1 and 18942. I	have verified	that the distribution set for	th above, is in accordance
Ch. Dan Cilla.	OZO Puo	n Villegge	T A F), Sr. Management Ana	vet 8/2/04
Signature of Agency Head or Designee Print Name			7, Sr. Management Ana	(month, day, year)	
)				, , , , , , , , , , , , , , , , , , , ,
Comment:					