Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California RECEIVED OFF Form City of El Cajon CITY CLE RK For Official Use Only EL CAJON CA Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) 2014 001 -3 4 8:39 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: Mocedades Date(s) 9 / 21 / 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Α. Passes Number Name of individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗵 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. Other Ceremonial Role Income 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

have read and understand FPPC Regula	tions 18944.1 and 18942. I ha	ive verified that the distribution set forth ab	ove, is in accordance
with the requirements.			a / l.
Dillantalle de	Ryan Villegas	TAD, Sr. Management Analyst	4/21/94
Signature of Agency Head or Designee	Print Name	TAD, St. Management Analyst	(month, day, year)
Signature of Agency Head of Designee	Frint Name	Title	(monus, day, year)
Comment:			