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

1. Agency Name

Α	Pu	hl	ic	Do	CI	ım	en	f

1.	Agency Name	· · · · · · · · · · · · · · · · · · ·			Date Stamp	California OOO	
	City of El Cajon			15 11 11 11 11 11 11 11 11 11 11 11 11 1	TIMED OFFICE OF	Form 802	
	Division, Department, or Reg	ion (if applicable)	THE THOLESKY	For Official Use Only			
				HL CAUGU GA			
	Designated Agency Contact	(Name, Title)	2001	1007 - 9 P 5: 17			
	Ryan Villegas, Ticket Admir	nistrator Designee, S	nt Analyst '	Amendment (Must Provide Explanation in Part 3.)			
	Area Code/Phone Number	m-man					
	619-441-6211	rvillegas@elcajon.g	gov		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tic	ket policy? Yes [Each Ticket/Pass \$ <u>12</u> 9	9.50			
	Event Description: Wynonn						
	Event Description.						
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🛛 If	no: <u>Live Nati</u>	on - The Magnolia Name of Source		
	Was ticket distribution made	at the hehest v 1	wa u ma lf	ves. Graham	Mitchell - City Manage	er	
	of agency official?	ar the penest Yes I	X No □ II	you	Official's Name (Last, First)		
	or agoney emotars						
3.	Recipients						
	Use Section A to identify the ager	ncy's department or unit.	Use Section B to i	dentify an individ	lual. • Use Section C to identif	fy an outside organization.	
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/	Describe th	e public purpose made purs	uant to the agency's policy	
			Passes				
			Number				
	B. Name of Ind		of Ticket(s)/ Passes		Identify one of the fo	llowing:	
		10		Cerem	nonial Role Other 🗵	Income 🔲	
	Marc Bailey	Vo.	2	If check	king "Ceremonial Role" or "Other" desc	ribe below:	
	Milm Im	<u> </u>	¢	or raffles, wi	syment retention progra hich aim to support ove	rall emplovee morale.	
	/				nonial Role Other	Income	
	•			If checi	king "Ceremonial Role" or "Other" desc	cribe below:	
		<u>/</u>					
	C. Name of Outside C		Number of Ticket(s)/	Describe th	e public purpose made purs	uant to the agency's policy	
	(include address and	description)	Passes				
		 					
	V:5: 4:						
4,	Verification	DDO D	4.4 400.40	(la accessor de la constitue	41-441	ette et euro de la companya	
	I have read and understand FF with the requirements.	TO Regulations 16944	1. I and 16942,	i nave verilled i	inal the distribution set fol	rin above, is in accordance	
	Sham Cilla	MID Rua	n Villegas	TAD	, Sr. Management Ana	lust 10/7/24	
	Signature of Agency Head or Desig	<u> </u>	Print Name		Tille	(mohth, day, year)	
		/					
	Comment:						