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

1. Agency Name

A Public Document

١.	Agency Name				Date Stamp California O O O			
	City of El Cajon				PHOLEVER OF YOU		802	
	Pivision, Department, or Region (if applicable)				HIN CLERK El Carol Cr	For Official	Use Only	
					1874 . 19 1811			
	esignated Agency Contact (Name, Title)				2024 0CT -9 P 5: 17			
	. · ·	yan Villegas, Ticket Administrator Designee, Sr. Management Analyst				Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number				Date of Original Fillians			
	619-441-6211	rvillegas@elcajon.g	OV		Date of Original Filing: _	(month, day, yea	nr)	
2.	Function or Event Infor							
	Does the agency have a ticl	ket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ $\frac{75.50}{}$						
	Event Description: Three Dog Night Date(s)				<u> </u>			
	Provide Title/ Explanation							
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If no: Live Nation				on - The Magnolia Name of Source			
	Was ticket distribution made at the behest Yes ⊠ No ☐ If yes: Grahar				n Mitchell - City Manager Official's Name (Last, First)			
	of agency official?	, at the politor, 168 F	A NOT	, , , , , , , , , , , , , , , , , , , ,	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 of Number							nization.	
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/	Describe th	e public purpose made purs	uant to the agen	cy's policy	
			Passes				•	
	-		***************************************					
	B. Name of Indi	ividual	Number		Identify one of the fo	llowing		
	(Last, Fir	The second of th	of Ticket(s)/ Passes		identity one of the to	ilowing:		
	Linda Sapp				nonial Role 🔲 Other 🗵		Income	
	X) X-6/5/	2	If checking "Ceremonial Role" or "Other" describe below: 4(o) - Employment retention programs, such as drawings					
ł				nich aim to support ove				
		¥			nonial Role Other Other Manager Ceremonial Role" or "Other" desi	riha halow	Income	
				11 577557				
			Number					
	C. Name of Outside O		of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agen	cy's policy	
4.	Verification							
		ave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance						
	vith the requirements.					1	0/01/	
					O, Sr. Management Analyst			
Signature of Agency Head or Designee Print Name Title						(mơn	ın, aay, year) T	
	Comment:							