Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California DITY CLERK Form City of El Cajon EL CAJON CA For Official Use Only Division, Department, or Region (if applicable) 9 11(1 22 Designated Agency Contact (Name, Title) Ryan Villegas, Ticket Administrator Designee, Management Analyst ■ Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number **Date of Original Filing:** 619-441-6211 rvillegas@cityofelcajon.us (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 159.60 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Pat Benatar Date(s) __10 18 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 Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other 🔀 Ceremonial Role Income Andy Celiceo & Guest 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. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification

Ryan Villegas TAD, Management Analyst 12719

Signature of Agency Head or Designee Print Name Title Title

Comment:

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Agency Report of:

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A Public Document

. Agency Name		XEU	Date Stamp	California 802					
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Designated Agency Contact (Name, Title)									
Ryan Villegas, Ticket Administrator De	Amendment (Must Pro	vide Explanation in Part 3.)							
Area Code/Phone Number E-mail	• • • • • • • • • • • • • • • • • • • •		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
619-441-6211 rvillegas(@cityofelcajon.us		Date of Original Filing:	(month, day, year)					
. Function or Event Information			4.54	2.00					
Does the agency have a ticket policy?	Yes ⊠ No 🗆	Face Value of	Each Ticket/Pass \$ 159	<u> </u>					
Event Description: Pat Benatar	de Title/ Explanation	. Date(s) <u>10</u>	<u>, 18 , 19 </u>						
Ticket(s)/Pass(es) provided by agency	•		ion - The Magnolia Name of Source						
Was ticket distribution made at the bet of agency official?	nest Yes⊠ No⊡	If yes: <u>Grahan</u>	n Mitchell - City Manage Official's Name (Last, First)	<u> </u>					
Recipients	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 Un	Numbe	r (s)/ Describe ti	Describe the public purpose made pursuant to the agency's policy						
B. Name of Individual (Last, First)	Numbe of Ticket Passes	(s)/	Identify one of the fo	llowing:					
Joelle Henderson & Husband	2	4(o) - Empl	monial Rote Other cking "Ceremonial Role" or "Olher" descondent retention progra which aim to support ove	ims, such as drawings					
		Cere	monial Role Other cking "Ceremonial Role" or "Other" desc	Income					
C. Name of Outside Organization (include address and description)	Numbe of Ticket Passe	(s)/ Describe t	he public purpose made purs	uant to the agency's policy					
I. Verification I have read and understand FPPC Regula	tions 18944.1 and 189	942. I have verified	that the distribution set fo	rth above, is in accordance					
with the requirements.				1001					
Signature of Agency Head an Designee	Ryan Villegas	T/	AD, Management Analy	st D 2210					
Comment:									

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Ceremonial Role Events and TickerPass Distr	indiolis	Arubi	ne pocalitetit
I. Agency Name	RE FIVE Date Stam	e 🔐 Ca	lifornia 802
City of El Cajon	TOTAL CLERK		VIIII — —
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	Division, Department, or Reg	ion (ir applicable)			The Late Control of the Control of t	•	
	Designated Agency Contact	(Name,Title)		40.1 (U.)) (C) 2? P w !!		
			nagement A	nalyst	Amendment (Must Provide Explanation in Part 3.)		
	unction or Event Information oes the agency have a ticket policy? Yes ☒ No ☐ Face Value of vent Description: Pat Benatar provide Title/ Explanation cket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Live Nat //as ticket distribution made at the behest Yes ☒ No ☐ If yes: Grahar of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an indivi A. Name of Agency, Department or Unit Number of Ticket(s)/ Passes Describe to the composition of Ticket(s)/ Passes Jennifer Lytle & Friend 2		The remainer of the control of the c				
	619-441-6211	rvillegas@cityofelca	jon.us		Date of Original Filing:	(month, day, year)	
_	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Yes 🛭	ace Value of I	Each Ticket/Pass \$ 159	9.60		
	Event Description: Pat Benz	atar	D	ate(s)10/	<u>18 , 19</u>		
		Provide Title/ Explan	ation				
	ricket(s)/Pass(es) provided	by agency? Yes L	Name of Source				
	Was ticket distribution made	at the behest Yes	Mitchell - City Manage Official's Name (Last, First))			
	of agency official?				omolara Mario (2466, 1 not)		
	Recipients						
		cy's department or unit. • U	Jse Section B to i	dentify an individ	ual. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/	t(s)/ Describe the public purpose made pursuant to the agency's policy			
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				1	ionial Role		
				Describe th	e public purpose made purs	uant to the agency's policy	
	(include address and	a description)	Passes				
-	Verification	•		•			
	I have read and understand FI	PPC Regulations 18944.	1 and 18942.	I have verified	that the distribution set fo	th above, is in accordan	
_	with the requirements					12/00/	
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Ceremonial Role Events and Ticket/Pass Distributions	A I	Public Document
1. Agency Name	Date Stamp	California 802
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City of El Cajon				FORM OUL					
	esignated Agency Contact (Name, Title) Evan Villegas, Ticket Administrator Designee, Management Analyst rea Code/Phone Number E-mail rvillegas@cityofelcajon.us Eunction or Event Information Face Visual			EL CALHE CA	For Official Use Only				
Designated Agency Co	ntact (Name, Title)	9 167 22 P to 95							
Ryan Villegas, Ticket	Administrator Designee, Ma	Amondment (Must Brown	vide Explanation in Bort 2.1						
Area Code/Phone Numi	per E-mail	Amendment (Must Provide Explanation in Part 3.)							
619-441-6211	nated Agency Contact (Name, Title) Villegas, Ticket Administrator Designee, Management Analyst Code/Phone Number E-mail rvillegas@cityofelcajon.us Ction or Event Information the agency have a ticket policy? Yes No Face Value of the agency have a ticket policy? Yes No If no: Live Nate ticket distribution made at the behest Yes No If yes: Graham gency official? Cipients Section A to identify the agency's department or unit. * Use Section B to identify an individual of Ticket(s)/ Passes Name of Individual (Last, First) Name of Individual (Last, First) Name of Outside Organization (Include address and description) Number of Ticket(s)/ Passes		Date of Original Filing:(month, day, year)						
2. Function or Event	Information								
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Event Description: Par	Benatar		oate(s)10	<u>, 18 , 19</u> _					
Ticket(s)/Pass(es) pro	·		no. Live Nati	ion - The Magnolia					
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		Passes	Coror	monial Role ☐ Other ☒	Income C				
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			1	monial Role Other Oking "Ceremonial Role" or "Other" descri	Income Income				
			Describe th	ne public purpose made pursu	ant to the agency's policy				
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Signature of Agency Head o	7 7 7 7	int Name		Title	(month, day, year)				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** CLERK City of El Cajon DAMEN GA For Official Use Only Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Ryan Villegas, Ticket Administrator Designee, Management Analyst Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: , 619-441-6211 rvillegas@cityofelcajon.us (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 159.60 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Pat Benatar Date(s) __10 / 18 / 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other X Income Bill Wells, Spouse, & Guests If checking "Ceremonial Role" or "Other" describe below: 4 4(o) - Employment retention programs, such as drawings or raffles, which aim to support overall employee morale. Ceremonial Role Other 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 of Ticket(s)/ (include address and description)

4. Verification

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with the requirements.			,	1 _	7

Signature of Agency Head & Designee

Ryan Villegas
Print Name

TAD, Management Analyst

(month, day, year)

Comment: