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

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1.	Agency Name						Date Stamp	California Form 802
	Division, Department, or Regi	ion (if applicable)						For Official Use Only
	Designated Agency Contact (Name,Title)						
	Area Code/Phone Number	E-mail					Amendment (Must I	Provide Explanation in Part 3.)
	, and a country in the state of						Date of Original Filing:	(month, day, year)
<u>-</u> 2.	Function or Event Infor	mation						
	Does the agency have a tick	ret policy?	Yes	No	Fac	ce Value of	Each Ticket/Pass \$ _	
	Event Description:				Dat	te(s)		
	Ticket(s)/Pass(es) provided	by agency?	Yes	No	It n	0:	Name of Source	
	Was ticket distribution made	at the behest	Yes	No	If y	es: ———	Official's Name (Last, First)	
	of agency official?				•		Official's Name (Last, First)	
	A. Name of Agency, Depa	artment or Unit		Number of Ticket(s Passes		Describe th	e public purpose made pu	rsuant to the agency's policy
	B. Name of Indi			Number of Ticket(s Passes			Identify one of the	following:
	(1 43563			nonial Role Other king "Ceremonial Role" or "Other" d	Income escribe below:
							nonial Role Other king "Ceremonial Role" or "Other" di	Income lescribe below:
	C. Name of Outside O (include address and			Number of Ticket(s Passes		Describe th	e public purpose made pu	rsuant to the agency's policy
_	Verification							
4.	I have read and understand FP with the requirements.	PPC Regulations	18944	.1 and 1894	42. I h	ave verified t	that the distribution set i	forth above, is in accordance
	Signature of Agency Head or Design	nee	Pr	rint Name			Title	(month, day, year)
	Comment:							

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



Agency Name

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3.	Re	cip	NΔr	nte

•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 organiz	 Use Section A to identify 	the agency's dec	partment or unit. •U	Jse Section B to identify	/ an individual. •l.	Jse Section (C to identify	/ an outside organi
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A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
3.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
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