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

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Ι.	Agency Name		Date Stamp	California Form 802						
	Division, Department, or Reg	ion (if applicable)	_	For Official Use Only						
	Designated Agency Contact	(Name, Title)								
	Area Code/Phone Number				Amendment (Must Provide Explanation in Part 3.) Date of Original Filing:					
_							Date of Original Filing:	(month, day, year)		
	Function or Event Information				_					
	Does the agency have a ticket policy? Yes				Fac	e Value of	Each Ticket/Pass \$ _			
	Event Description:				Date	e(s)				
	Ti-la-4/->/D/>	Provide Titi			I£	_				
	Ticket(s)/Pass(es) provided	by agency?	Yes	No	IT NO):	Name of Source			
	Was ticket distribution made	No	If ve	s: ——						
	of agency official?		100	110	, -		Official's Name (Last, First)			
	A. Name of Agency, Department or Unit			Number of Ticket(s)/ Passes		Describe t	ibe the public purpose made pursuant to the agency's policy			
	B. 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 Inc 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				
_ .	 Verification									
	I have read and understand FF with the requirements.	PPC Regulations	18944	.1 and 1894	42. I ha	ave verified	that the distribution set	forth above, is in accordanc		
	Signature of Agency Head or Design	200	D	int Name			Title	(month, day, year)		
	Signature of Agency Head or Design	iiee	PI	nn Nanie			Title	(monun, day, year)		
	Comment:									