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

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ΔΡ	uhl	ic	DC	ument

1.	Agency Name  Division, Department, or Region (if applicable)  Designated Agency Contact (Name, Title)					Date Stamp	California 802		
						_	For Official Use Only		
						_			
	Area Code/Phone Number	E-mail				Amendment (Must Provide Explanation in Part 3.)			
	7 i ou oodon none number					Date of Original Filing	:(month, day, year)		
2.	Function or Event Inform	mation							
	Does the agency have a tick	et policy?	Yes	No	Face Value of	Each Ticket/Pass \$ _			
	Event Description:				Date(s)	<i></i>			
	Ticket(s)/Pass(es) provided	by agency?	Yes	No	If no:	Name of Source			
	Was ticket distribution made	at the behest	Yes	No	If yes:	Official's Name (Last, First)	1		
	of agency official?					Official's Name (Last, First,	)		
3.	•			Use Section B to identify an individual. Use Section C to identify an outside organization.  Number of Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency's po					
				Number					
		B. Name of Individual (Last, First)		of Ticket(s)/ Passes		Identify one of the following:			
						Ceremonial Role Other Incor If checking "Ceremonial Role" or "Other" describe below:			
						monial Role Other kking "Ceremonial Role" or "Other" o	Income lescribe below:		
	C. Name of Outside Or (include address and			Number of Ticket(s) Passes	/ Describe ti	ne public purpose made pu	ırsuant to the agency's policy		
_	Verification								
٠.	I have read and understand FP with the requirements.	PC Regulations	18944	.1 and 1894.	2. I have verified	that the distribution set	forth above, is in accordance		
	Signature of Agency Head or Design	ee	Pr	int Name		Title	(month, day, year)		
	Comment:								