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

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Ι.	Agency Name		Date Stamp	California Form 802 For Official Use Only						
	Division, Department, or Reg	ion (if applicable)								
	Designated Agency Contact	(Name, Title)								
	Area Code/Phone Number E-mail						Amendment (Must Provide Explanation in Part 3.) Date of Original Filing:			
2.	Function or Event Infor	mation								
	Does the agency have a ticket policy? Yes				Face	Value of	Each Ticket/Pass \$ _			
	Event Description:				nation					
	Ticket(s)/Pass(es) provided	by agency?	Yes	No	If no:		Name of Source			
	Was ticket distribution made at the behest Yes of agency official?				If yes	yes: Official's Name (Last, First)				
3.	Recipients • Use Section A to identify the agency's department or unit. • U A. Name of Agency, Department or Unit				to identi			ify an outside organization.		
	B. Name of Individual (Last, First)			Number of Ticket(s		Identify one of the following:				
				Passes		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				
						Ceremonial Role Other 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	1 42. I hav	/e verified	that the distribution set	forth above, is in accordanc		
	Signature of Agency Head or Design		D.	rint Name			Title	(month day week)		
	Orginalis of Agency fread of Designee Fill Name						riue	(month, day, year)		
	Comment:									