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

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1.	Agency Name		Date Stamp	California 802				
	Division, Department, or Regi	on (if applicable)	-	For Official Use Only				
	Designated Agency Contact (	Name, Title)	_					
	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)		
	of agency official?					Official's Name (Last, First)		
3.		Use Section B to Number of Ticket(s) Passes		ual. Use Section C to identify an outside organization.  ne public purpose made pursuant to the agency's policy				
	R Name of Indi	B. Name of Individual (Last, First)		Number	,	Identify one of the following:		
				of Ticket(s)/ Passes		Identify one of the following:		
					Ceremonial Role Other  If checking "Ceremonial Role" or "Other" describe below			
						nonial Role Other king "Ceremonial Role" or "Other" o	Income lescribe below:	
	C. Name of Outside Or (include address and			Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy	
_	Verification							
7.	I have read and understand FP with the requirements.	PC Regulations	18944	.1 and 18942	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:							