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

A Public Document

1.	Agency Name			Date Stamp	California 802	
	Division, Department, or Region (If Applicable		For Official Use Only			
	Designated Agency Contact (Name, Title)					
	Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)		
	Area Code/Filone Number E-mail			Date of Original Filing:	(Month, Day, Year)	
<u>2.</u>	Function or Event Information			ı		
	Does the agency have a ticket policy?	Yes ☐ No ☐	Face Value o	f Each Ticket/Pass \$		
	vent Description		Date(s)/			
	Ticket(s)/Pass(es) provided by agency?	Yes ☐ No ☐	If no:	f no:		
	Was ticket distribution made at the behest of agency official?	110 🗀 103 🗀		If yes:Official's Name (Last, First)		
3.	Recipients					
	Use Section A to identify the agency's department or unit. • Use Section B to identify an individual and indiv			al. • Use Section C to identify	y an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individual Ticke Pass		Identify one of the following:			
			Ceremonial Role	Other ial Role" or "Other" describe below:	Income	
			Ceremonial Role	Other ial Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy	
4.	Verification I have read and understand FPPC Regulations 18944.1 and	d 18942. I have verifi	ed that the distribution set fo	orth above, is in accordance with	the requirements.	
	Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)	
	Comment					