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

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1.	Agency Name		Date Stamp	California Form 802  For Official Use Only					
	Division, Department, or Reg	ion (if applicable)							
	<b>Designated Agency Contact</b>	(Name,Title)							
	Area Code/Phone Number				Amendment (Must Provide Explanation in Part 3.)				
							Date of Original Filing	(month, day, year)	
2.	Function or Event Infor	mation							
	Does the agency have a ticket policy? Yes				Fa	ce Value of	Each Ticket/Pass \$ _		
	Event Description:				Da	te(s)	<i></i>		
	Tieket/e\/Deee/ee\ mayidad	Provide Titl			I£				
	Ticket(s)/Pass(es) provided	by agency?	Yes	No	II I	10:	Name of Source		
	Was ticket distribution made	No	lf y	es:	Official's Name (Last, First)				
	of agency official?						Oniciai's Name (Last, First,		
	Use Section A to identify the agency's department or unit.      Name of Agency, Department or Unit			Number		·	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:				
							nonial Role Other king "Ceremonial Role" or "Other" o	Income lescribe below:	
	C. Name of Outside C			Number of Ticket(s Passes		Describe th	e public purpose made pu	rsuant to the agency's policy	
<u>_</u>	Verification								
	I have read and understand FF with the requirements.	_	18944	.1 and 1894	42. I I	have verified	that the distribution set	forth above, is in accordanc	
	Norma J. Alle	<i></i>		dat NI.			T''	7	
	Signature of Agency Head or Desig	nee	Pı	rint Name			Title	(month, day, year)	
	Comment:								