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

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1.	Agency Name		Date Stamp	California 802								
	Division, Department, or Region	n (if applicable)		_	For Official Use Only							
	Designated Agency Contact (Na	ame,Title)	_									
	Area Code/Phone Number E	-mail				Amendment (Must Provide Explanation in Part						
	Area Code/Filone Number	-iliali				Date of Original Filing:	(month, day, year)					
2.	Function or Event Information											
	Does the agency have a ticket	t policy? Ye	s No	F	ace Value of	Each Ticket/Pass \$						
	Event Description:	Provide Title/ Exi	olanation	[)ate(s)							
	Ticket(s)/Pass(es) provided by				no:	Name of Source						
	Mos tisket distribution made a											
	Was ticket distribution made a of agency official?	it the benest Ye	s No	"	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			Number		dual. Use Section C to identify an outside organization.						
	B. Name of Individual		of Tic	Number of Ticket(s)/		Identify one of the following:						
	(Last, First)	(Lasi, Filsi)		ses	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:							
						monial Role Other king "Ceremonial Role" or "Other" de	Income escribe below:					
	C. Name of Outside Orga (include address and de		Nun of Ticl Pas	ket(s)/	Describe th	ne public purpose made pui	rsuant to the agency's policy					
<u>-</u>	Verification				1							
	I have read and understand FPP0 with the requirements.	C Regulations 189	44.1 and 1	8942.	I have verified	that the distribution set f	orth above, is in accordance					
	Norma A. Alley											
	Signature of Agency Head or Designee	<u> </u>	Print Name			Title	(month, day, year)					
	Comment:											