## 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	on (if applicable)	licable)			-	For Official Use Only	
	Designated Agency Contact (Name, Title)					-		
	Area Code/Phone Number	E-mail			Amendment (Must Provide Expl			
	7.102 00007 110110 112111201					Date of Original Filing:	(month, day, year)	
2.	Function or Event Inform	nation						
	Does the agency have a tick	et policy?	Yes	No	Face Value of	Each Ticket/Pass \$ _		
	Event Description:				Date(s)	<i></i>		
					lf max			
	Ticket(s)/Pass(es) provided t	by agency?	Yes	No	IT NO:	Name of Source		
	Was ticket distribution made	at the behest	Yes	No	If yes:	Official's Name (Last, First)		
	of agency official?					Oniciai's Name (Last, First)		
3.	•	unit. • l	Use Section B to identify an individual. Use Section C to identify an outside organization.  Number of Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency's portage.					
	<b>-</b>	Name of Individual		Number of Ticket(s)/		Identify one of the following:		
	(Last, First)			Passes				
					Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
						nonial Role Other king "Ceremonial Role" or "Other" a	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	
4.	Verification I have read and understand FPI with the requirements.		18944	.1 and 18942	2. I have verified	that the distribution set	forth above, is in accordance	
	Norma (1. All Signature of Agency Head or Designa	ey	Dr	int Name		Title	(month, day, year)	
	e.g. aca. o or rigority riodd or boolgin					nao	(monus, day, your)	
	Comment:							