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

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| 1. | Agency Name | | Date Stamp | California Form 802 | | | | | |
|----|---|---------------------|---------------------------|-----------------------------------|---|--|---|--------------------|--|
| | Division, Department, or Reg | ion (if applicable) | | For Official Use Only | | | | | |
| | Designated Agency Contact | (Name, Title) | | | | | | | |
| | Area Code/Phone Number | | | | Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: | | | | |
| | | | | | | | Date of Original Filing | (month, day, year) | |
| 2. | Function or Event Infor | | | | | | | | |
| | Does the agency have a ticket policy? Yes | | | | Fa | ce Value of | Each Ticket/Pass \$ _ | | |
| | Event Description: | | | | Da | ite(s) | //_ | | |
| | Ticket(s)/Pass(es) provided | | | | lf r | no: | | | |
| | ricket(s)/Fass(es) provided | by agency! | Yes | No | 11 1 | 10 | Name of Source | | |
| | Was ticket distribution made at the behest Yes | | | | lf y | /es: | Official's Name (Last, First) | | |
| | of agency official? | | | | | | Official's Name (Last, 1 list) | , | |
| 3. | Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit B. Name of Individual (Last, First) C. Name of Outside Organization (include address and description) | | | Number | | · | dual. Use Section C to identify an outside organization. the public purpose made pursuant to the agency's policy | | |
| | | | | | | Identify one of the following: | | | |
| | | | | | | identity one of the following. | | | |
| | | | | | | Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: | | | |
| | | | | | | | | | |
| | | | | Number of Ticket(s)/ Passes | | Describe the public purpose made pursuant to the agency's policy | | | |
| | | | | | | | | | |
| _ | V 16 41 | | | | | | | | |
| 4. | Verification I have read and understand FF with the requirements. | PPC Regulations | that the distribution set | forth above, is in accordanc | | | | | |
| | Norma 1. Alle | 'U_ | | | | | | | |
| | Signature of Agency Head or Desig | | Pı | rint Name | | | Title | (month, day, year) | |
| | Comment: | | | | | | | | |