## **Agency Report of:** nial Polo Evonte and Tickot/Pass Distributions С

С	eremonial Role Eve	nts and Ticket/P	A Public Document			
1.	Agency Name Division, Department, or Region (if applicable)			Date Stamp	California Form 802	
					For Official Use Only	
	Designated Agency Contact (Name, Title)				-	
	Area Code/Phone Number	E-mail			Amendment (Must Prince) Date of Original Filing:	ovide Explanation in Part 3.) (month, day, year)
2.	Function or Event Info	ormation				
	Does the agency have a ticket policy? Yes No			Face Value of Each Ticket/Pass \$		
	Event Description:			Date(s)	//	//
	Ticket(s)/Pass(es) provide		No		Name of Source	
	Was ticket distribution made at the behest Yes of agency official?		No	If yes:		
3.	• Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside organization.					
	A. Name of Agency, Department or Unit		Number of Ticket(s Passes		ne public purpose made pursuant to the agency's policy	
	B. Name of Ir (Last,		Number of Ticket(s Passes		Identify one of the fo	llowing:
					nonial Role Other king "Ceremonial Role" or "Other" des	Income cribe below:
					nonial Role Other king "Ceremonial Role" or "Other" des	Income

## 4. Verification

C.

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Name of Outside Organization

(include address and description)

Print Name

Number of Ticket(s)/

Passes

Title

(month, day, year)

Comment:

Describe the public purpose made pursuant to the agency's policy