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

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1.	Agency Name  Division, Department, or Region (if applicable)  Designated Agency Contact (Name, Title)						Date Stamp	California Form 802	
								For Official Use Only	
	Area Code/Phone Number	E-mail					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 tic	ket policy?	Yes	No	Fa	ce Value of	Each Ticket/Pass \$ _		
	Event Description:					te(s)	//_		
	·	Provide Title	e/ Explar						
	Ticket(s)/Pass(es) provided	by agency?	Yes	No	lt r	10:	Name of Source		
	Was ticket distribution made	e at the behest	Yes	No		es:			
	of agency official?						Official's Name (Last, First,		
3.	Recipients  • Use Section A to identify the agency's department or unit.  • Use Section B to identify an individual Number							· -	
	A. Name of Agency, Dep	artment or Unit		of Ticket(s)/ Passes		Describe the public purpose made pursuant to the agency's policy			
				Number					
	<b>6</b> .	Name of Individual (Last, First)		of Ticket(s)/ Passes			Identify one of the following:		
							nonial Role Other king "Ceremonial Role" or "Other" o	Income lescribe 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	
4.	Verification								
	I have read and understand FF with the requirements.	PPC Regulations	18944	.1 and 1894	<i>12. I I</i>	have verified	that the distribution set	forth above, is in accordanc	
	Adrianne Fernand	ez							
	Signature of Agency Head or Design	nee	Pı	rint Name			Title	(month, day, year)	
	Comment:								

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



Agency Name

	Recipients  • 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.						
<b>A.</b>	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	ldentify 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:				
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				
			Ceremonial Role Other Income  If checking "Ceremonial Role" or "Other" describe below:				
<u></u>	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				