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

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l	Agency Name		Date Stamp	California 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	(month, day, year)			
2.	Function or Event Information										
	Does the agency have a ticket policy? Yes Event Description: Provide Title/ Explana Ticket(s)/Pass(es) provided by agency? Yes				Fac	ce Value of	Each Ticket/Pass \$ _				
					Date(s)						
					lf n	o:	Name of Source				
	Was ticket distribution made at the behest Yes of agency official?				If y	f yes:Official's Name (Last, First)					
3.	Recipients • Use Section A to identify the age	ncy's department or	unit. •	Use Section B	to ide	ntify an individ	ual. Use Section C to iden	tify an outside organization.			
	A. Name of Agency, Department or Unit			Number of Ticket(s)/ Passes		Describe th	the public purpose made pursuant to the agency's policy				
				Number	,						
	B. Name of Individual (Last, First)		of Ticket(s)/ Passes		Identify one of the following:						
				Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:			Income describe below:				
							monial Role Other iking "Ceremonial Role" or "Other"	Income describe below:			
	C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Describe Passes		Describe th	the public purpose made pursuant to the agency's policy				
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	I have read and understand Fl with the requirements.	PPC Regulations	18944	.1 and 1894	42. I h	ave verified	that the distribution set	forth above, is in accordance			
	Adrianne Fernan	der									
^	Signature of Agency Head or Desig		Pı	int Name			Title	(month, day, year)			
	Comment:										