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	(month, day, year)		
2.	Function or Event Infor	mation								
	Does the agency have a ticket policy? Yes				Fa	ce Value of	of Each Ticket/Pass \$			
	Event Description:				Da	te(s)	<i></i>			
	Til (/)/D /) il l	Provide Title								
	Ticket(s)/Pass(es) provided	by agency?	Yes	No	If n	10:	Name of Source			
	Was ticket distribution made at the behest Yes					es:				
	of agency official?		.00	No			Official's Name (Last, First,			
3.	 Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit 			Number	Number of Ticket(s)/ Passes			·		
	B. Name of Individual (Last, First)						Identify one of the following:			
						Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe 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		
_	 Verification									
٠.	I have read and understand FF with the requirements.	PPC Regulations	18944	.1 and 1894	12. I I	nave verified	that the distribution set	forth above, is in accordanc		
	Adrianne Fernan	dez								
	Signature of Agency Head or Design	nee	Pı	int Name			Title	(month, day, year)		
	Comment:									