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

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1.	Agency Name						Date Stamp	California 802	
	Division, Department, or Regi	ion (if applicable)		For Official Use Only					
	Designated Agency Contact (Name,Title)							
	Area Code/Phone Number					Amendment (Must Provide Explanation in Part 3.)			
	Area Goden Hone Number	E-mail					Date of Original Filing:	(month, day, year)	
2.	Function or Event Inform	mation							
	Does the agency have a ticket policy? Yes				Face Value of Each Ticket/Pass \$				
	Event Description:	Date(s)			· 				
	Event Description:	nation							
	Ticket(s)/Pass(es) provided	by agency?	Yes	No	If no	:	Name of Source		
	Was ticket distribution made	at the behest	Ves	No	If ve	s·			
	of agency official?		163	NO	ıı yo	0. —	Official's Name (Last, First)		
	Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit			Number			the public purpose made pursuant to the agency's policy		
	0 .	Name of Individual (Last, First)		Number of Ticket(s)/ Passes			Identify one of the following:		
						monial Role Other Income cking "Ceremonial Role" or "Other" describe below:			
							nonial Role Other king "Ceremonial Role" or "Other" de	Income escribe below:	
	C. Name of Outside O	rganization I description)		Number of Ticket(s Passes		Describe th	ne public purpose made pu	rsuant to the agency's policy	
 4.	 Verification								
	I have read and understand FP with the requirements.	PPC Regulations	18944	.1 and 1894	42. I ha	ve verified	that the distribution set t	forth above, is in accordance	
	Signature of Agency Head or Design	nee	Pr	rint Name		_	Title	(month, day, year)	
	Comment:								