

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

**A Public Document**

## 1. Agency Name

Date Stamp

**California Form 802**

For Official Use Only

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Area Code/Phone Number

E-mail

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 No Face Value of Each Ticket/Pass \$ \_\_\_\_\_

Event Description: \_\_\_\_\_ Date(s) \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes No If no: \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest of agency official? Yes No If yes: \_\_\_\_\_  
*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. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy                                |
|---|-----------------------------|---|
|   |                             |   |
|   |                             |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:  |
|   |                             | Ceremonial Role Other Income<br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|   |                             | Ceremonial Role Other Income<br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy                                |
|   |                             |   |
|   |                             |   |

## 4. Verification

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.

*Norma J. Alley*  
Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: \_\_\_\_\_