

# 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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role      Other      Income <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role      Other      Income <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	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.*

Signature of Agency Head or Designee

Print Name

Title

*(month, day, year)*

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