

**Agency Report of:  
Ceremonial Role Events and  
Ticket/Admission Distributions**

**A Public Document**

|  |        |  |   |
|--|--------|--|---|
| <b>1. Agency Name</b>                                  |        | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region <i>(if applicable)</i> |        | <input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i> |   |
| Street Address   |        |  |   |
| Designated Agency Contact <i>(Name, Title)</i>         |        |  |   |
| Area Code/Phone Number                                 | E-mail | Date of Original Filing: _____<br><i>(month, day, year)</i>                            |   |

**2. Function, Event, or Ceremonial Role Information**

Title \_\_\_\_\_ Face Value of Each Admission \$ \_\_\_\_\_

Description \_\_\_\_\_ Date(s) \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: \_\_\_\_\_  
*Official's Name (Last, First) and Title*

**The identity of recipient(s) and the explanation:**

| Name<br>(Last, First)<br>or<br>Organization<br>(Name, Address, Description) | Number of<br>Admission(s)/<br>Ticket(s) | Agency<br>Official  | <ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul> |
|---|---|---|--|
|   |   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Income<br><input type="checkbox"/>   |
|   |   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Income<br><input type="checkbox"/>   |
|   |   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Income<br><input type="checkbox"/>   |
|   |   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Income<br><input type="checkbox"/>   |
|   |   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Income<br><input type="checkbox"/>   |

**3. Verification**

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.*

\_\_\_\_\_  
Signature of Agency Head or Designee                      Print Name                      Title                      *(month, day, year)*

Comment: *(Use this space or an attachment for any additional information including amendment explanation.)*