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

A Public Document 1. Agency Name California Date Stamp Form For Official Use Only Division, Department, or Region (If Applicable) **Designated Agency Contact** (Name, Title) **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: \_ (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes No Event Description \_\_\_\_ Date(s) \_\_\_\_/\_\_\_/\_\_\_ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes 🗋 No 🗋 Name of Source Was ticket distribution made at the behest No 🗌 Yes 🗌 If yes: \_ of agency official? Official's Name (Last, First) **Recipients** 3. • 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. Number of Α. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

## 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

Comment: \_