Tickets Provided by Agency Report

A Public Document

TICKETS	PRO	VIE	DED	В١
AG	ENC	Y R	EPO	R

I. Agency Name	Date Stamp	California Form 802		
Division, Department, or Region (if applicable)	-	For Official Use Only		
Street Address	_			
Area Code/Phone Number E-mail	☐ Amendment (Must expl	ain in Part 5.)		
Agency Contact (name and title)	Date of Original Filing:			
2. Event For Which Tickets Were Distributed				
Date(s) of Event:/ Description of Event:				
/Face Value of Ticket: \$				
Agency Event Yes No (Identify source of tickets below.)				
Name of Outside Source of Ticket(s) Provided to Agency:				
Number of Tickets Received: Ticket(s) Provided to Agend	cy: ☐ Gratuitously [Pursuant to Contract		
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for add	itional names)			
	ther the Distribution is Inco ibe the Public Purpose for t			
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		_		
I. Individual or Organization Receiving Ticket(s) (Provided at the behas	st of an agency official.)			
Name of Behesting Agency Official:				
Name of Individual or Organization:	Number	of Tickets:		
-		or rickets.		
Description of Organization:				
Address of Organization:		State Zip Code		
Purpose for Distribution: (Describe the public purpose for the distribution to the	organization.)			
5. Verification				
I have determined that the distribution of tickets set forth above is in accordance with	th the provisions of FPPC F	Regulation 18944.1.		
Signature of Agency Head or Designee Print Name	Title	(month, day, year)		
Comment: (Use this space or an attachment for any additional information including amen	dment explanation.)			

3. Agency Officials Receiving Tickets

Name of Official (last, first)	Number of Tickets Received	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution	
		21541644511	

4. Individual or Organization Receiving Tickets

Name of	Name of	Number of	Description of	Address of	Purpose for
Behesting	Individual or	Tickets	Organization	Organization	Distribution
Agency Official	Organization				
•	•				