

**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
CA State Legislature			
Division, Department, or Region (if applicable)		RECEIVED ASSEMBLY RULES <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: 2018 NOV 19 A 9:53 (month, day, year)	
Office of Assemblymember Rob Bonta			
Designated Agency Contact (Name, Title)			
Evan Corder, Chief of Staff			
Area Code/Phone Number	E-mail		
916-319-2018	evan.corder@asm.ca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 500.00

Event Description: Filipino Heritage Night Ceremony Date(s) 11 / 10 / 20
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

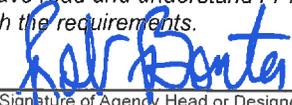
3. Recipients

• 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:
	Bonta, Rob	2	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Award presentation and recognition to American Legion Post 510, Magdalena Leones Chapter.
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

 Rob Bonta Assemblymember 11/15/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____