

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

A Public Document

1. Agency Name CALIFORNIA TRAVEL AND TOURISM COMMISSION		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) AMBER LUIZ, COMMISSION LIAISON			
Designated Agency Contact (Name, Title) (916) 319-5430 ALUIZ@VISITCALIFORNIA.COM			
Area Code/Phone Number	E-mail	<input type="checkbox"/> 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 \$ \$123.75

Event Description EXECUTIVE COMMITTEE MEETING Date(s) 7 / 20 / 2015
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: DISNEYLAND RESORT
Name of Source

Was ticket distribution made at the behest of agency official? No Yes 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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
CALIFORNIA TRAVEL AND TOURISM	12	ACCESS TO MEETING AND MEAL LOCATIONS
B. Name of Individual (Last, First)		
	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		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)/Pass(es)	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.

Caroline Beteta CAROLINE BETETA CHIEF EXECUTIVE OFFICER 8/20/2015
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)