Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions	A Public Document		
1. Agency Name	Date Stamp	California 802)

1.	Agency Name				Date Stamp	California 802	
	California Department of Justice Division, Department, or Region (if applicable)			_	For Official Use Only		
	Directorate, Executive Designated Agency Contact	(Name Title)			-		
	Kate Van Buren, Administra		Attornov Con	oral			
	Area Code/Phone Number	E-mail	Allomey Gen	lerai	Amendment (Must P	Provide Explanation in Part 3.)	
	916-210-6281	kate.vanburen@do	oi.ca.gov		Date of Original Filing:		
			, ,			(month, day, year)	
	Function or Event Infor	nervort variance - 1 months				\$215.93	
	Does the agency have a tick				Each Ticket/Pass \$	Ψ213.33	
	Event Description: Sporting	Event		Date(s)	<u>, 27 , 22 </u>		
		Provide Title/ Expl	anation	s San Fra	ancisco 49ers		
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ I	i no	Name of Source		
	Was ticket distribution made	at the behest Yes	□ No ■	f yes:	Official's Name (Last, First)		
	of agency official?		E-rich.		Official's Name (Last, First)		
2	Paginianta						
3.	Recipients • Use Section A to identify the agen	cv's department or unit	• Use Section B to i	dentify an individu	ual	fy an outside organization	
	- se section with definity the agen	e) s department of diffe.	Number		dai. Ose section c to identifi	y an outside organization.	
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pur	public purpose made pursuant to the agency's policy	
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the f	ollowina:	
	(Last, First	st)	Passes				
	DONTA DOD		91		nonial Role Other king "Ceremonial Role" or "Other" de		
	BONTA, ROB		1	U-100 A 1000 UV 10			
					. Mexico Soccer Gam		
					nonial Role Other Other Management Other Other		
				100000000000000000000000000000000000000			
	Name of Outside Or	rganization	Number				
	C. (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
	1						
l.	Verification						
	I have read and understand FP with the requirements.	PC Regulations 1894	4.1 and 18942.	I have verified t	that the distribution set fo	orth above, is in accordance	
	with the requirements.			• 700		XXXII AND	
	MAN MANO	Rob Bonta	N-11	Attori	ney General	10/19/2022	
	Signature of Agency Head or Design	e e F	Print Name		Title	(month, day, year)	
	Comment:						
	<u></u>						