STATE OF CALIFORNIA-OFFICE OF ADMINISTRATIVE LAW NOTICE PUBLICATION/REGULATIONS SUBMISSION		MISSION	(See instructions on reverse)	For use by Secretary of State only
OAL FILE NOTICE FILE NUMBER Z-Z016-1/15	REGULATORY ACTION	NUMBER	EMERGENCY NUMBER	
For use by Office of Administrative Law (OAL) only				
RECEIVED DATE PUB	LICATION DATE			<u> </u>
NOV 15'16	NOV25'16			
Office of Administrative Law			REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY				AGENCY FILE NUMBER (If any)
Department of Justice				DOJ-16-003
A. PUBLICATION OF NOTICE (2. REQUESTED PUBLICATION DATE
. subject of notice Major League Sports Raffle Progr		TLE(S)	FIRST SECTION AFFECTED 2080	November 25, 2016
NOTICE TYPE Notice re Proposed Regulatory Action Other	4. AGENCY CONTA Melan Noble	CT PERSON	TELEPHONE NUMBER (916) 322-0908	FAX NUMBER (Optional) (916) 324-5033
OAL USE ACTION ON PROPOSED NOT	Approved as	Disapproved/	NOTICE REGISTER NUMBER	PUBLICATION DATE
B. SUBMISSION OF REGULATION	Modified	Withdrawn	nulations)	
a. SUBJECT OF REGULATION(S)	ON3 (Complete wife	ir sublintting re		ED OAL REGULATORY ACTION NUMBER(S)
			0418-03E; 2016-1005-01EE	
ndditional sheet if needed.)	MEND			
TLE(0)				
Regular Rulemaking (Gov.	Certificate of Compliance: The	agency officer named	Emergency Readopt (Gov.	
Code §11346) below certifies that this agency complied with the Resubmittal of disapproved or withdrawn popemergency before the emergency regulation was adopted or before the emergency regulation was adopted or				
11349.4)	within the time period require Resubmittal of disapproved or	15 n=-xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Other (Specify)	Print Only
511346.1(b)) ALL BEGINNING AND ENDING DATES OF AVAILABILITY	emergency filing (Gov. Code,			644 and Gov. Code, 511347 11
EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.			The state of the s	
Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	Effective on filing with Secretary of State	§100 Changes W Regulatory Effect	t other (Specify)	
Department of Finance (Form STD, 399) (\$			actices Commission	State Fire Marshal
Other (Specify) CONTACT PERSON	T	ELEPHONE NUMBER	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
I certify that the attached co of the regulation(s) identifie is true and correct, and that	ed on this form, that th I am the head of the a	e information spe gency taking this	ect copy ecified on this form action,	by Office of Administrative Law (OAL) on
or a designee of the head of IGNATURE OF AGENCY HEAD OR DESIGNEE	tne agency, and am at	DATE DATE	this certification.	
			1	
YPED NAME AND TITLE OF SIGNATORY lathan Barankin, Chief Deputy At				

Adopt Title 11, Division 3, Article 8, Sections 2080; 2081; 2082; 2083; 2084; 2085; 2086; 2087; 2088; 2089; 2090; 2091; 2092; 2093; 2094; 2095; 2096; 2097; 2098; 2099; 2100; 2101; 2102; 2103; 2104; 2105; 2106; 2107; 2108; 2109; 2120, 2130; 2131; 2132; and, 2133