Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name

32nd District Agricultural Association

Division, Department, or Region *(if applicable)*

Street Address

88 Fair Drive, Costa Mesa, CA

Area Code/Phone Number: (714) 708-1500

E-mail: executive@ocfair.com

Agency Contact *(name and title)*

Dena Heathman, Ticket Administrator Designee

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(Must explain in Part 5.)*

Date of Original Filing: _____ *(month, day, year)*

2. Event For Which Tickets Were Distributed

Date(s) of Event: 7 / 16 / 10 — 8 / 15 / 10

Description of Event: OC Fair Super Pass

Face Value of Ticket: $ 30.00

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 Agency: ☐ Gratuitously ☐ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Dena Heathman

Name of Individual or Organization: daytrippingmom.com

Number of Tickets: 4

Description of Organization: website

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Dena Heathman — Digitally signed by Dena Heathman DN: cn=Dena Heathman, o=OC Fair & Event Center, ou=Administration, email=dheathman@ocfair.com, c=US Date: 2010.07.25 10:49:42 -07'00'

Signature of Agency Head or Designee | Dena Heathman (Print Name) | Ticket Administrator Designee (Title) | 7/25/10 *(month, day, year)*

Comment: *(Use this space or an attachment for any additional information including amendment explanation.)*

OCFSP10_013