

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name 32nd District Agricultural Association		Date Stamp	California Form 802 <small>For Official Use Only</small>
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	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Dena Heathman, Ticket Administrator Designee		Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 7 / 16 / 10 Description of Event: OC Fair Super Pass
8 / 15 / 10 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 <small>(Last, First)</small>	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: Jerome Hoban

Name of Individual or Organization: Centennial Farm Foundation Number of Tickets: 4 adult

Description of Organization: Non-profit

Address of Organization: 88 Fair Drive Costa Mesa, CA 92626
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
Supporting programs or services rendered by non-profit organizations (Policy 2.11.3.E.iii.h)

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 Signature of Agency Head or Designee Dena Heathman Print Name Ticket Administrator Designee Title 8/12/10 (month, day, year)

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

OCFSP10_015