

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
32nd District Agricultural Association			
Division, Department, or Region (if applicable)			
Street Address		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
88 Fair Drive, Costa Mesa, CA 92626			
Designated Agency Contact (Name, Title)			
Sharon Augenstein, CFO		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
(714) 708-1500	executive@ocfair.com		

2. Function, Event, or Ceremonial Role Information

Title OC Throw Down Face Value of Each Admission \$ \$20.00

Description Cross Fit competition Date(s) 1 / 14 / 12 1 / 15 / 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: Orange Coast Cross Fit
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Tucker, Joyce	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Board member performing duties	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Sharon Augenstein
Digitally signed by Sharon Augenstein
 DN: cn=Sharon Augenstein, o=OC Fair & Event Center, ou=Finance & Administration,
 email=saugenstein@ocfair.com, c=US
 Date: 2012.01.17 16:10:37 -08'00'

Sharon Augenstein

CFO

1/17/12

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

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

EC12_0002