

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

A Public Document

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

2. Function, Event, or Ceremonial Role Information

Title Bachman & Turner/ Foghat Face Value of Each Admission \$ \$19.50

Description KSND radio promotions Date(s) 07 / 20 / 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
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. 	
5900 Wilshire Blvd. 19th Floor , LA, CA	10	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Radio Promotion (Policy 2.11.3.E.iii.d)	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

(c)(1) _____ regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,

	Sharon Augenstein	CFO	05-15-12
	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

PA120720_05