

**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)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Street Address			
88 Fair Drive, Costa Mesa, CA 92626			
Designated Agency Contact (Name, Title)			
Sharon Augenstein, CFO			
Area Code/Phone Number	E-mail		
(714) 708-1500	executive@ocfair.com		

2. Function, Event, or Ceremonial Role Information

Title The All American Rejects Face Value of Each Admission \$ \$25

Description MYFM Radio Promotions Date(s) 08 / 08 / 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. 	Income
3400 West Olive Ave. Ste 550 , Burbank	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Radio Promotion (Policy 2.11.3.E.iii.d)	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<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

Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
 PA120808_02