

**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			
88 Fair Drive, Costa Mesa, CA 92626			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Sharon Augenstein, CFO		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
(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 KCBS / Jack FM 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
5901 Venice Blvd. LA, Ca. 90034	30	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Radio Promotions (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.)

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