

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

ORANGE COUNTY  
FIRE AUTHORITY **Public Document**

<b>1. Agency Name</b> OCFA		Date Stamp 16 SEP 19 AM 10	California Form <b>802</b>
Division, Department, or Region (If Applicable) Operations, Firehouse 29		CLERK OF THE AUTHORITY	For Official Use Only
Designated Agency Contact (Name, Title) Matt Truman, Fire Captain			
Area Code/Phone Number 714 573-6000	E-mail matthewtruman@ocfa.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 72.00

Event Description Angels Baseball game Date(s) 09 / 18 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Citizen  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: \_\_\_\_\_  
Official's Name (Last, First)

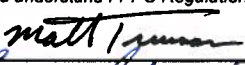

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Austin Krie	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Complimentary facilitating public support.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Signature of Agency Head or Designee	Matt Truman Print Name	Captain Title	09/15/16 (Month, Day, Year)
	Sherry A.F. Went Print Name	Clerk of the Authority Title	09/19/16 (Month, Day, Year)

Comment: \_\_\_\_\_