

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

ORANGE COUNTY
FIRE AUTHORITY **A Public Document**

1. Agency Name Orange County Fire Authority		Date Stamp 17 SEP 26 AM 9:4	California Form 802
Division, Department, or Region (If Applicable) Fire Station 21		CLERK OF THE AUTHORITY	
Designated Agency Contact (Name, Title) Jeff Smith Firefighter/paramedic		For Official Use Only	
Area Code/Phone Number (714)544-0171	E-mail jeffsmith@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 \$ _____ 110

Event Description Angels baseball game Date(s) 9 / 21 / 17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Marlean Coult
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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Smith, Jeff	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Grateful resident of Tustin was unable to use the tickets, wanted a firefighter in her city to use them.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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.

 <small>Signature of Agency Head or Designee</small>	Oliver Gillespie <small>Print Name</small>	Fire Captain <small>Title</small>	9/20/17 <small>(Month, Day, Year)</small>
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