

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

A Public Document

1. Agency Name Orange County Fire Authority		Date Stamp ORANGE COUNTY FIRE AUTHORITY 19 JUN 11 PM 5:10 CLERK OF THE AUTHORITY	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>06/11/19</u> <small>(month, day, year)</small>
Designated Agency Contact (Name, Title) Sherry Wentz, Clerk of the Authority			
Area Code/Phone Number 714-573-6040	E-mail sherrywentz@ocfa.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 125.00

Event Description: Dodgers vs Angels Baseball Game Date(s) 06 / 11 / 19
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes No 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Cantacessi, Alex	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Complimentary facilitating public support.
Freerks, Ryan	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Complimentary facilitating public support.
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	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	Sherry A.F. Wentz Print Name	Clerk of the Authority Title	06/11/19 (month, day, year)
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Comment: _____