

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
34th District Agricultural Association, Modoc District Fair			
Division, Department, or Region (if applicable)			
Modoc County			
Street Address			
#1 Center Street, Cedarville, CA 96104			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
530-279-2315	mdocfair@frontiernet.net		
Agency Contact (name and title)			
Dannette E. DePaul, CEO			

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 08 / 19 / 10 Description of Event: 4 Derby Tickets, 4 Bronc Tickets, 4 Season Passes Fair  
08 / 22 / 10 Face Value of Ticket: \$ 8/12

Agency Event  Yes  No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: N/A

Number of Tickets Received: \_\_\_\_\_ Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Milton, Diana	8/4	VIP Room, Room Sittor, Ticket Takers, Bldg. Attendants
Roberts, Kcn	8/4	Volunteer BBQ, Ticket Taker, Bldg. Attendant
McDonald, Seab	8/4	Bldg. Attendant, Ticket Taker, Ticket Seller

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: N/A

Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_

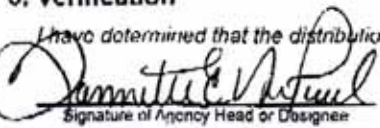
Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
 \_\_\_\_\_

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

 Dannette E. DePaul CEO 7/16/2010  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Section 3, Continued:

Primorac, Jeannine	8/4	VIP Room, Room Sitter, Ticket Taker, Bldg. Attendant
Anderson, Michelle	8/4	VIP Room, Volunteer BBQ, Room Sitter, Bldg. Attendant
Cain, Brian	8/4	Room Sitter, Bldg. Attendant
Sharp, Carol	8/4	Bldg. Attendant, Room Sitter, Volunteer BBQ, VIP Room
Sweet, Renae	8/4	Volunteer BBQ, Ticket Taker, Gate/Bldg. Attendant