1. Agency Name
   Orange County Fire Authority
   Division, Department, or Region (if applicable)

   Designated Agency Contact (Name, Title)
   Sherry Wentz, Clerk of the Authority
   Area Code/Phone Number  E-mail
   714-573-6040    sherrywentz@ocfa.org

   Date Stamp: 19 JUN 11 PM 5:10
   CLERK OF THE AUTHORITY
   Amendment (Must Provide Explanation in Part 3.)
   Date of Original Filing: 06/11/19

2. Function or Event Information
   Does the agency have a ticket policy?  Yes [x] No [ ]
   Face Value of Each Ticket/Pass $125.00
   Event Description: Dodgers vs Angels Baseball Game
   Date(s): 06/11/19
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Anonymous Individual
   Name of Source
   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                         | Complimentary facilitating public support.
   Freerks, Ryan                          | 2                         | 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 of Designee  Sherry A.F. Wentz  Clerk of the Authority  06/11/19
   Print Name  Title  (month, day, year)

   Comment: