Agency Report of: Ceremonial Role Events and Ticket/Admission Distributions

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California Form **802**

For Official Use Only

1. Agency Name

Health Care Agency

Division, Department, or Region *(if applicable)*

Public Health Services/Environmental Health

Street Address

1241 E. Dyer Road, Suite 120, Santa Ana, CA 92705-5611

Designated Agency Contact *(Name, Title)*

Richard Sanchez, Director

Area Code/Phone Number	**E-mail**
(714) 433-6471	Richard.Sanchez@ochca.com

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: 11/29/11 *(month, day, year)*

2. Function, Event, or Ceremonial Role Information

Title OCBC Red Carpet Awards

Face Value of Each Admission $ 75.00

Description Awards and Reception

Date(s) 11/17/11 11/17/11

Ticket(s)/Admission(s) provided by agency? Yes ☐ **No** ☑ If no: Orange County Business Council
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☑ **No** ☐ If yes: Sanchez, Richard - Director
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	**Number of Admission(s)/ Ticket(s)**	**Agency Official**	• **Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.** • **If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.**
Sanchez, Richard	1	Yes ☑ No ☐	Program nominee & recipient of an award — Income ☐
Boelter, Pearl	1	Yes ☑ No ☐	Program nominee & recipient of an award — Income ☐
Long, Royce	1	Yes ☑ No ☐	Program nominee & recipient of an award — Income ☐
Freed, Billie Dean	1	Yes ☑ No ☐	Program nominee & recipient of an award — Income ☐
		Yes ☐ No ☐	Income ☐

3. Verification

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

Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
	Richard Sanchez	Director	11/29/11

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