ickets Provided by gency Report		A Public Document IVED			TICKETS PROVIDED E AGENCY REPOR
. Agency Name		CLER Mate Stamb			California 802
Orange County Great Par		, eta 10 et	no willeddi	Form For Official Use Only	
Division, Department, or Re	gion (if applicable)		in Told 'I'll	20 AM 11: 44	Por Official USE Offis
Street Address		<u> </u>			
7000 Trabuco Road, Irvin	e, CA 92618	1 14.5		and the second s	
Area Code/Phone Number	E-mail			Amendment (Must explain in Part 5.)	
949-724-7414	mdickens@ocgp.org			But of Orlean I Fillians	01-20-10
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Marie Dickens, Clerk of the	<u> and and an institution of the state of the</u>	an and the second second second second			and the second s
Event For Which Ticket	ets Were Distribute	∍d	ov. Salata	alati IZOOZA (droop)	rehearnel for event)
Date(s) of Event: 01	08 / 10 Desc	ription of Ever	nt: Cirque du S	oleli - KOOZA (dress	renealsal for eventy
Commence of the second	<u>/</u>	Value of Tick	et: \$	0	er er arkensen groven abstract a
Agency Event ☐ Yes	☑ No (Identify s				
Name of Outside Source	of Ticket(s) Provided	to Agency: Cl	rque du Solell	<u> </u>	
Number of Tickets Receive				y: 🗵 Gratuitously	☐ Pursuant to Contra
Number of Tickets Receive	∂Q;	HCKel(S) F10	vided to Agene	y. <u>im</u> o, a.a	
Agency Official(s) Rec	eiving Ticket(s) (u	se a continuatio	on sheet for addi	ional names)	
Name of Official		Number	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution		
(Last, Fire	at)	of Tickets	Descri	pe the Public Purpose ic	or the Distribution
MICHEL D. ELLZEY, CEO		25	Supporting programs rendered by charitable		
		<u> </u>			
			organizations	s benefiting Irvine resid	dents
and the second second second second	والمتاب والمستوالية والمتابي والمتابي والمتابي		en grande et et en		And the second second
Individual or Organiza	tion Receiving Ti	c ket(s) (Provi	ded at the behes	t of an agency official.)	
Name of Behesting Agend	or Official: Michael D	. Ellzey, Chiel	Executive Offi	cer	and the second s
Name of Deficeting Agent					25 Tiplesta.
Name of Individual or Org	anization: Families F	orward		Numb	er of Tickets: 25
	Charity				
	n:	,,, i			
Description of Organization			Irvi	nė –	CA 92618
	9221 Irvine Blvd.				
Address of Organization:	9221 Irvine Blvd. Number and Street		City		State Zip Co
Address of Organization:	Number and Street	rpose for the di	- Fr - 1997	organization.)	State Zip Co.
Address of Organization: Purpose for Distribution:	Number and Street (Describe the public pu		istribution to the		State Zip Co
Address of Organization:	Number and Street (Describe the public pu		istribution to the		State Zip Co
Address of Organization: Purpose for Distribution: Supporting programs ren	Number and Street (Describe the public pu		istribution to the		State Zip CO
Address of Organization: Purpose for Distribution: Supporting programs ren Verification	Number and Street (Describe the public pu dered by charitable o	rganizations I	istribution to the coenefiting Irvine	residents.	
Address of Organization: Purpose for Distribution:	Number and Street (Describe the public pudered by charitable of	rganizations l	istribution to the openefiting Irvine	residents. th the provisions of FPP	C Regulation 18944.1.
Address of Organization: Purpose for Distribution: Supporting programs ren Verification	Number and Street (Describe the public pudered by charitable of istribution of tickets set Sean Joyce	rganizations l	istribution to the openefiting Irvine	residents.	