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1.	Agency Name				Date Stamp	California 802	
	California Department of Fo					For Official Use Only	
	Division, Department, or Reg			For Official Use Offiy			
	32nd District Agricultural As						
	Designated Agency Contact	,					
	Ken Karns, VP Business O	perations			Amendment (Must Pr	ovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				,	
	(714) 708-1500	executive@ocfair.c	om		Date of Original Filing: _	(month, day, year)	
<u>-</u> 2.	Function or Event Infor	rmation					
	Does the agency have a tic	ket policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$ 45	.00	
	Event Description: Kenny L) oto (a) 7	<u>/ 12 / 17 </u>		
	Event Description:	Provide Title/ Explar	ation	Date(s)	///	/	
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🔲 If	no:	Name of Source		
					Name of Source		
	Was ticket distribution made	e at the behest Yes [] No 図 ^{If}	yes:	Official's Name (Last, First)		
	of agency official?						
3.	Recipients						
٥.	• Use Section A to identify the age	ncy's department or unit.	Use Section B to i	identify an individ	lual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/	Describe th	e public purpose made purs	suant to the agency's policy	
			Passes				
			Number				
	B. Name of Ind		of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
	(/	1 03303	Coron	nonial Role Other	Income C	
					king "Ceremonial Role" or "Other" des	·	
				Coron	nonial Role Other	Income	
					king "Ceremonial Role" or "Other" des		
	Name of Outside (Dranization	Number				
	C. Name of Outside C (include address an		of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy	
	OC Weekly			Promotion o	f OCFEC events, activ	ities, facilities, or	
	2975 Red Hill Av. Suite 19	50, Costa Mesa, Ca.	10		Policy 2.11.3.E.iii.d)		
4	Verification			1			
••	I have read and understand Fi with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set fo	rth above, is in accordance	
ı	Kon Karns Disitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, o	u=Operations,	n 1/ a un -		/D Duninger On and the	0/40/0047	
	Signature of Agency Head or Desig		n Karns int Name	V	P Business Operations Title	8/13/2017 (month, day, year)	
		niee Pi	IIIL INGIIIE		ride	(monur, day, year)	
	Comment: PA170712_07						

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1.	Agency Name				Date Stamp	California 802	
	California Department of Fo					Form OUZ	
	Division, Department, or Reg	gion (if applicable)		For Official Use Only			
	32nd District Agricultural As						
	Designated Agency Contact						
	Ken Karns, VP Business O	perations			Amendment (Must Pl	rovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail]	, , , , , , , , , , , , , , , , , , , ,	
	(714) 708-1500	executive@ocfair.	com		Date of Original Filing: .	(month, day, year)	
<u> </u>	Function or Event Info	rmation					
	Does the agency have a tic	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ \$4	5.00	
	Event Description: Kenny L						
	Event Description:	Provide Title/ Expla	L anation	Jate(s) <u> </u>	<u>/ 12 / 17</u>	/	
	Ticket(s)/Pass(es) provided			f no:	Name of Source		
					Name of Source		
	Was ticket distribution mad	e at the behest Yes	□ No⊠ ^I	f yes:	Official's Name (Last, First)		
	of agency official?				(, , , , , , , , , , , , , , , , , , ,		
3.	Recipients						
٥.	• Use Section A to identify the age	ncy's department or unit.	• Use Section B to	identify an individ	lual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Dep	partment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy	
			Passes				
	B. Name of Inc		Number of Ticket(s)/		Identify one of the fo	ollowing:	
	(Last, 11	131)	Passes	_		1	
					nonial Role Other other which contains the containing the conta	-	
					g		
				Carran	nonial Role Other	Income	
					king "Ceremonial Role" or "Other" des	_	
	Name of Outside (Dunum in a 4 i a m	Number				
	C. Name of Outside 0 (include address an		of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy	
	OC Register			Promotion of	of OCFEC events, activ	rities, facilities, or	
	625 N. Grand Santa Ana,	CA 92701	20		Policy 2.11.3.E.iii.d)	,	
4	Verification		•	<u>'</u>			
••	I have read and understand Fi with the requirements.	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance	
ı	Kan Karns Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, o	ou=Operations,					
ı	Date: 2017.01.23 16:23:36 -08Y	Ke	en Karns	V	'P Business Operation		
	Signature of Agency Head or Desig	jnee F	Print Name		Title	(month, day, year)	
	Comment: PA170712_08						

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1.	Agency Name				Date Stamp	California 802	
	California Department of Fo					Form OUZ	
	Division, Department, or Reg	gion (if applicable)		For Official Use Only			
	32nd District Agricultural As						
	Designated Agency Contact	(Name, Title)					
	Ken Karns, VP Business O	perations			Amendment (Must P	rovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	eriae Explanation in r air oil	
	(714) 708-1500	executive@ocfair.c	om		Date of Original Filing: .	(month, day, year)	
<u>-</u> 2.	Function or Event Info	rmation					
	Does the agency have a tic	ket policy?	⊠ No □ F	ace Value of	Each Ticket/Pass \$ \$\frac{\$\psi}{2}\$	15.00	
	Event Description: Dashbo				<u></u>		
	Ticket(s)/Pass(es) provided	·		no.			
	Tionot(o)/T doo(oo) provided	i by agonoy. 103 g	Z 140 🗀		Name of Source		
	Was ticket distribution mad	e at the behest Yes [J No⊠ ^{If}	yes:	Official's Name (Last, First)		
	of agency official?				Official 3 Name (Last, 1 list)		
3.	Recipients						
J.	• Use Section A to identify the age	ncy's department or unit. •	Use Section B to i	dentify an individ	lual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Dep	· ·	Number of Ticket(s)/	•		suant to the agency's policy	
			Passes				
	B. Name of Inc		Number of Ticket(s)/		Identify one of the f	ollowing:	
	(Last, F	irst)	Passes				
					nonial Role Other Cking "Ceremonial Role" or "Other" de.		
					nonial Role Other king "Ceremonial Role" or "Other" dea	_	
	C. Name of Outside (include address an		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
	OC Weekly 2975 Red Hill Av. Suite 1	50, Costa Mesa, Ca.	20		f OCFEC events, activ Policy 2.11.3.E.iii.d)	vities, facilities, or	
4.	Verification						
	I have read and understand Fawith the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance	
	Ken Karns Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, email=kkarns@ocfair.com, c=L	ıs Ka	n Karns	\/	P Business Operation	s 8/13/2017	
	Signature of Agency Head or Designature		int Name		Title	(month, day, year)	
	DA470740 F						
	Comment: PA170713_5						

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۱.	Agency Name				Date Stamp	California 202
	California Department of Fo	•		Form OUZ		
	Division, Department, or Reg	jion (if applicable)				For Official Use Only
	32nd District Agricultural As	ssociation				
	Designated Agency Contact	(Name, Title)			1	
	Ken Karns, VP Business O	perations			☐ Amendment (Must B	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Must P	TOVIDE EXPIANATION III PART 5.)
	(714) 708-1500	executive@ocfair.d	com		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	rmation				
	Does the agency have a tic	ket policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$ \$2	15.00
	Event Description: Dashbo					
	Event Description:	Provide Title/ Expla	nation	Date(s)	<u>/ 13 / 17</u>	//
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No∏ II	f no:	Name of Source	
	Was ticket distribution made	e at the behest Yes	□ No⊠ ^{If}	f yes:	Official's Name (Last, First)	
	of agency official?				,	
3.	Recipients					
J .	• Use Section A to identify the age	ncy's department or unit.	Use Section B to i	identify an individ	lual. • Use Section C to ident	ify an outside organization.
	ose section it to identify the age.	ney sucpartment of unit.	Number	I I I I I I I I I I I I I I I I I I I	dui. esc section e to ident	iny an outside organization.
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy
			Passes			
			Number			
	B. Name of Ind		of Ticket(s)/		Identify one of the f	ollowing:
	(Last, 1 h		Passes			1 . 🗆
					nonial Role Other Other Manager Other O	_
				+		1
					nonial Role Other Other Manager Other O	_
			Number			
	C. Name of Outside C		of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	OC Degister	·	1 45565	Promotion o	of OCFEC events, activ	vitios facilitios or
	OC Register 625 N. Grand Santa Ana,	CA 92701	20		Policy 2.11.3.E.iii.d)	rities, raciities, or
	- OZO 14. Grana Ganta 7 tria,	07102701		programme (s		
_	Vau!6:4!					
4.	Verification	DDO D			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	I have read and understand Fl with the requirements.	PPC Regulations 1894	1.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance
ı	Lon Karns Div. cn=Ken Karns, o=OCFEC, o	u=Operations,	17		(D.D.)	- //-/
	Date: 2017.01.23 16:23:36 -08'0	<u>Κ</u>	en Karns Print Name	V	'P Business Operation Title	
	Signature of Agency Head or Desig	iice F	mit ivame		nue	(month, day, year)
	Comment: PA170713_6					

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1.	Agency Name				Date Stamp	California 802	
	California Department of Fo			Form OUZ			
	Division, Department, or Reg	jion (if applicable)				For Official Use Only	
	32nd District Agricultural As						
	Designated Agency Contact	•					
	Ken Karns, VP Business O	perations			Amendment (Must P	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			,	,	
	(714) 708-1500	executive@ocfair.c	om		Date of Original Filing: .	(month, day, year)	
<u></u> 2.	Function or Event Infor	mation					
	Does the agency have a tic	ket policy?	⊠ No□ F	ace Value of	Each Ticket/Pass \$ ^{\$4}	42.50	
	• •						
	Event Description: The B-5	Provide Title/ Explar	ation)ate(s)'	<u>/ 20 / 17</u>		
	Ticket(s)/Pass(es) provided			no:			
	, , , , , ,			-	Name of Source		
	Was ticket distribution made	e at the behest Yes [] No⊠ ^{If}	yes:	Official's Name (Last, First)		
	of agency official?				Cinicial Critatio (Editi, Filoty		
3.	Paginianta						
э.	Recipients • Use Section A to identify the age:	ncy's denartment or unit •	Use Section B to i	identify an individ	lual • Use Section C to ident	tify an outside organization	
	- See Section 11 to Identify the age.	ney o department of unit.	Number		Turn ese section e to ruent	in y un outside organization.	
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
			1 03363				
	_ ,,		Number				
	B. Name of Ind (Last, Fi		of Ticket(s)/ Passes		Identify one of the f	ollowing:	
				Ceren	nonial Role Other	Income	
					king "Ceremonial Role" or "Other" de	-	
				Ceren	nonial Role Other	Income	
				If checi	king "Ceremonial Role" or "Other" de	scribe below:	
	Name of Outside C	Drganization	Number	Describe th	o public purpose made pur	suant to the agency's policy	
	C. (include address and		of Ticket(s)/ Passes	Describe tri	e public purpose made pur	suant to the agency's policy	
	KNX/KRTH		20	Promotion o	f OCFEC events, activ	vities, facilities, or	
	5670 Wilshire Blvd Ste. 20	00 Los Angeles, CA.	20	programs. (F	Policy 2.11.3.E.iii.d)		
4.	Verification						
	I have read and understand FI with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance	
ŀ	Cen Karns Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, o email=kkarns@ocfair.com, c=U	s Ka	n Karns	\/	P Business Operation	s 8/13/17	
•	Date: 2017.01.23 16:23:36 - 08'0 Signature of Agency Head or Desig	<u> </u>	int Name	v	Title	(month, day, year)	
	Comment: PA170720_05					, , , , ,	

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1.	Agency Name				Date Stamp	California 802
	California Department of Fo			Form OUZ		
	Division, Department, or Reg	gion (if applicable)			For Official Use Only	
	32nd District Agricultural As					
	Designated Agency Contact					
	Ken Karns, VP Business O	perations			Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail]	,
	(714) 708-1500	executive@ocfair.o	com		Date of Original Filing:	(month, day, year)
<u>-</u> 2.	Function or Event Info	rmation				
	Does the agency have a tic	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ $\frac{2}{}$	7.50
	Event Description: Slightly			7	<u>, 21 , 17 </u>	
	Event Description:	Provide Title/ Expla	L nation	Date(s)	/ <u> </u>	/
	Ticket(s)/Pass(es) provided			f no:	Name of Source	
	Was ticket distribution mad	e at the behest Yes	□ No 🗵 I	f yes:	Official's Name (Last, First)	
	of agency official?				,	
3.	Recipients					
٠.	• Use Section A to identify the age	ncy's department or unit.	Use Section B to	identify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Dep	partment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy
			Passes			
			Number			
	B. Name of Inc		of Ticket(s)/ Passes		Identify one of the f	ollowing:
	(2003)		rasses	Carran	agnial Bala D] Income [
					nonial Role Other king "Ceremonial Role" or "Other" de	
				Carran	nonial Role Other	Income
					king "Ceremonial Role" or "Other" de	
	Name of Outside	Organization	Number			
	C. (include address an	_	of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	Silverback Management		1.5	Promotion o	of OCFEC events, activ	vities, facilities, or
	1013 North Orange Drive	LA CA 90038	10		Policy 2.11.3.E.iii.d)	
4.	Verification		•			
	I have read and understand F. with the requirements.	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set f	orth above, is in accordance
ı	Ken Karns Digitally signed by Ken Karns Dictive Ken Karns on COTEC, which is the control of	ou=Operations,	en Karns	1.7	D Rusinass Operation	0/40/47
	Date: 2017.01.23 16:23:36-081 Signature of Agency Head or Designation of Agency Head of Agency Head or Designation of Agency		Print Name	<u> </u>	'P Business Operation Title	8/13/17 (month, day, year)
		,				(, day, you!)
	Comment: PA170721_06					

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1.	Agency Name					Date Stamp	California 802		
	32nd District Agricultural As						Form SUZ		
	Division, Department, or Reg	ion (if applicable)					,		
	Designated Agency Contact	(Name, Title)							
	Ken Karns, VP Business Op	perations				Amendment (Must Pr	ovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				. C Amendment (Must Ph	ovide Explanation in Part 3.)		
	(714) 708-1500	executive@o	cfair.co	om		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Infor	mation							
	Does the agency have a ticl	ket policy?	Yes 2	No □ F	ace Value of	Each Ticket/Pass \$ $\frac{60}{}$.00		
	Event Description: Pepe Ag	juilar			Data(s) 07	<u>, 23 _, 17</u>			
	Event Description.	Provide Title		ation	Jaie(s) ———	·	/		
	Ticket(s)/Pass(es) provided	by agency?	Yes 🛭	I No □ I	f no:	Name of Source			
	Mag tiplest distribution made	at the behoet	\	n — I	f yes:				
	Was ticket distribution made of agency official?	e at the benest	Yes 2	y No∐ '	yes	Official's Name (Last, First)			
	or agency official:								
3.	Recipients						_		
	• Use Section A to identify the agen	ncy's department or	unit. • 1	Use Section B to	identify an individ	lual. • Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Depa	artment or Unit		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's po				
	_								
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:		
						nonial Role Other Chief Ceremonial Role" or "Other" des			
					Cerem	nonial Role Other	Income		
					If check	king "Ceremonial Role" or "Other" des	cribe below:		
	C. Name of Outside O			Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy		
	KBUE 1845 W Empire Ave, Burb		40		f OCFEC events, activ Policy 2.11.3.E.iii.d)	ities, facilities, or			
	KLAX 10281 W Pico Blvd, Los A	ngeles, CA 900)	40		f OCFEC events, activ Policy 2.11.3.E.iii.d)	ities, facilities, or		
<u> </u>	Verification				•				
•	I have read and understand FF with the requirements.	PPC Regulations	18944.	1 and 18942.	I have verified	that the distribution set fo	rth above, is in accordance		
	Lon Karns Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou		12	. 1/		'D Davis and O and the	0/40/47		
	Signature of Agency Head or Design	<u> </u>		n Karns nt Name	<u> </u>	P Business Operations Title	8/13/17 (month, day, year)		
	DA 170702 02			- ·- -		·	(, auj, jour)		
	Comment: PA170723_03								

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1. /	Agency Name				Date Stamp	California 802		
	32nd District Agricultural As				Form OUZ			
Ī	Division, Department, or Reg	gion (if applicable)				For Official Use Only		
ī	Designated Agency Contact	(Name, Title)						
	Ken Karns, VP Business O							
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)			
	(714) 708-1500	executive@ocfair.	com		Date of Original Filing: _	(month, day, year)		
			50111			(month, day, year)		
	Function or Event Info			\/-lf	Бk т:-k-t/D ф 60	.00		
	Does the agency have a tic	,			Each Ticket/Pass \$ $\frac{60}{2}$			
	Event Description: Pepe A	guilar		Date(s) <u>07</u>	<u>/ 23 / 17</u>	/		
	T: (/ \/D	Provide Title/ Expla						
	Ticket(s)/Pass(es) provided	I by agency? Yes	⊠ No □ If	f no:	Name of Source			
	Was ticket distribution mad	e at the behest Yes	⊠ No□ II	f yes:				
	of agency official?	103		·	Official's Name (Last, First)			
3.	Recipients							
	• Use Section A to identify the age	ncy's department or unit.	• Use Section B to	identify an individ	lual. • Use Section C to identi	ify an outside organization.		
	A. Name of Agency, Dep	partment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy		
	B. Name of Inc		Number of Ticket(s)/ Passes	t(s)/ Identify one of the following:				
				Cerem	nonial Role Other	Income [
					king "Ceremonial Role" or "Other" des	-		
				Ceren	nonial Role Other	Income		
					king "Ceremonial Role" or "Other" des	cribe below:		
	C. Name of Outside 0 (include address an		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy		
	KXOS 10281 W Pico Blvd, Los A	Angeles, CA 900	40		f OCFEC events, activ	ities, facilities, or		
	KWIZ			Promotion o	f OCFEC events, activ	ities, facilities, or		
	10281 W Pico Blvd, Los A	angeles, CA 900	40		Policy 2.11.3.E.iii.d)	race, racinates, er		
1			I					
	I have read and understand Fa with the requirements.	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance		
	Sen Karns Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, c	su=Operations,	on Korno	١,	D Rusinoss Operations	0/40/47		
	Signature of Agency Head or Designature		en Karns Print Name	<u> </u>	P Business Operations Title	8/13/17 (month, day, year)		
		, I	Hallo		THIC	(monus, uay, year)		
	Comment: PA170723_04							

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۱.	Agency Name				Date Stamp	California 202	
	California Department of Fo	ood & Agriculture		Form OUZ			
	Division, Department, or Reg	jion (if applicable)			1	For Official Use Only	
	32nd District Agricultural As	sociation					
	Designated Agency Contact	(Name, Title)			1		
	Ken Karns, VP Business O	perations			Amondment (Must B	revide Evalenation in Part 2.)	
	Area Code/Phone Number	E-mail			. Must Pi	rovide Explanation in Part 3.)	
	(714) 708-1500	executive@ocfair.c	om		Date of Original Filing: .	(month, day, year)	
<u> </u>	Function or Event Infor	mation				(
	Does the agency have a tic		⊠ No□ F	ace Value of	Each Ticket/Pass \$ 47	7.50	
	• •		_				
	Event Description: Roberto	Provide Title/ Expla	nation	Date(s)	<u>/ 28 / 17</u>	//	
	Ticket(s)/Pass(es) provided	•		f no:			
	Tionot(o)/T doo(oo) provided	by agonoy. 103	A 140 L "		Name of Source		
	Was ticket distribution made	e at the behest Yes [□ No⊠ ^{If}	f yes:	Official's Name (Last, First)		
	of agency official?			Official's Name (Last, First)			
_	Desiries						
3.	Recipients • Use Section A to identify the ages	navo donoutment ou unit	Has Saction P to	idantify an individ	lual • Usa Saction C to ident	ify an autoida arganization	
	ose section A to identify the agen	ncy s department of unit.	Number		itial. • Ose section C to ident	ily all outside organization.	
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy	
			Passes				
			Number				
	B. Name of Ind (Last, Fi		of Ticket(s)/ Passes		Identify one of the following:		
	(2000)		rasses		·	1 . 🗆	
					nonial Role Other Manager Other O	-	
					·	1 . 🗆	
					nonial Role Other Other king "Ceremonial Role" or "Other" des	_	
	N 60 4 1 1 6		Number				
	C. Name of Outside C		of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
	KLAX			Promotion o	of OCFEC events, activ	vities facilities or	
	10281 W. Pico Blvd. LA, (CA	60		Policy 2.11.3.E.iii.d)	Taloo, Taomaloo, or	
	·				<u> </u>		
1	Verification		<u> </u>				
Τ.	I have read and understand Fl	PPC Regulations 18044	1.1 and 180/12	I have verified:	that the distribution set fo	orth above is in accordance	
	with the requirements.	T C Negulations 10944	. i aliu 10942.	Thave vermed	irial life distribution set ic	ortir above, is in accordance	
ŀ	Ken Karns Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, or email=kkarns@ocfair.com, c=U:	s Ko	n Karns	17	D Rusiness Operation	s 8/13/17	
•	Signature of Agency Head or Desig	<u> </u>	rint Name	v	P Business Operation	(month, day, year)	
		·				, , , , , , , , , , , , , , , , , , , ,	
	Comment: PA170728_03						

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۱.	Agency Name				Date Stamp	California 202			
	California Department of Fo	•			Form OUZ				
	Division, Department, or Reg	jion (if applicable)				For Official Use Only			
	32nd District Agricultural As	sociation							
	Designated Agency Contact	(Name, Title)			1				
	Ken Karns, VP Business O	perations			Amendment (Must P	rovide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail			Amendment (Mast Pl	rovide Explanation in Part 3.)			
	(714) 708-1500	executive@ocfair.c	om		Date of Original Filing: .	(month, day, year)			
2.	Function or Event Infor	mation							
	Does the agency have a tic	ket policy? Yes [⊠ No □ F	ace Value of	Each Ticket/Pass \$ $\frac{47}{1}$	7.50			
	Event Description: Roberto	Tapia/ Larry Hernan	dez nation	Date(s)7	<u>/ 28 / 17</u>	/			
	Ticket(s)/Pass(es) provided	•		f no:					
		.,			Name of Source	_			
	Was ticket distribution made	e at the behest Yes [□ No 🗵 🛚 If	f yes:	Official's Name (Last, First)				
	of agency official?				Cinolar o Tvarrio (Edot, T riot)				
3.	Paginianta								
Э.	Recipients • Use Section A to identify the ages	ncy's department or unit. •	Use Section B to i	identify an individ	lual. • Use Section C to ident	ify an outside organization.			
	ose section it to identify the age.	ney sucpartiment of unit.	Number		iden. ese section e to iden.	ny un outside organization.			
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes						
			1 43363						
				1					
			Number						
	B. Name of Ind (Last, Fit		of Ticket(s)/ Passes	Ticket(s)/ Identify one of the following:					
				Ceren	nonial Role Other	Income			
					king "Ceremonial Role" or "Other" des	-			
				Ceren	nonial Role Other	Income			
					king "Ceremonial Role" or "Other" des				
	Name of Outside C)rganization	Number	5 " "					
	C. (include address and		of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy			
	KWIZ			Promotion o	of OCFEC events, activ	rities, facilities, or			
	3101 W. Fifth St. Santa	Ana, CA 92703	60	programs. (F	Policy 2.11.3.E.iii.d)				
4 .	Verification			•					
	I have read and understand Fl with the requirements.	PPC Regulations 18944	l.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance			
ŀ	Ken Karns Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, or email=kkarns@ocfair.com, c=U:	s Ko	n Karns	\/	P Business Operation	s 8/13/17			
•	Date: 2017.01.23 16:23:36 - 08'0 Signature of Agency Head or Desig	<u> </u>	rint Name	v	Title	(month, day, year)			
						, , , , , , , , , ,			
	Comment: PA170728_04								

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١.	Agency Name				Date Stamp	California 802		
	California Department of Fo	•		Form OUZ				
	Division, Department, or Reg	ion (if applicable)				For Official Use Only		
	32nd District Agricultural As	sociation						
	Designated Agency Contact	(Name,Title)						
	Ken Karns, VP Business O	perations			Amendment (Must Pr	ovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			. Milenament (Must Ph	ovide Explanation in Part 3.)		
	(714) 708-1500	executive@ocfair.c	om		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Infor	mation						
	Does the agency have a tic	ket policy? Yes [⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ $\frac{47}{}$.50		
	Event Description: Echo &	Bunnymen/ Violent Fo	emmes	Date(s)7	<u>, 29 _J 17</u>	//		
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □ If	f no:	Name of Source			
	Was ticket distribution made	e at the behest Yes [□ No⊠ ^{If}	f yes:	Official's Name (Last, First)			
	of agency official?			,				
3.	Recipients							
٥.	• Use Section A to identify the age	ncy's department or unit. •	Use Section B to i	identify an individ	lual. • Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/	Describe th	e public purpose made purs	suant to the agency's policy		
			Passes					
			Number					
	B. Name of Ind		of Ticket(s)/ Passes					
	(Edot, 1 h		Passes					
					nonial Role Other Other or "Other" des			
					nonial Role Other Other or "Other" des	Income Lacribe below:		
	Name of Outside C	\	Number					
	C. Name of Outside C		of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy		
	KROQ		1 2000	Promotion o	f OCFEC events, activ	ities facilities or		
	5901 Venice Blvd Los An	geles, , CA. 90034	10		Policy 2.11.3.E.iii.d)	raco, racinalos, or		
	•							
1	Verification							
Τ.	I have read and understand Fi- with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set fo	rth above, is in accordance		
ļ	Ken Karns Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, or email=kkarns@ocfair.com, c=U:	u=Operations,	n Karna	1.7	D Rusinoss Operations	0/40/47		
•	Signature of Agency Head or Desig	<u> </u>	n Karns	<u> </u>	P Business Operations Title	8/13/17 (month, day, year)		
					1100	(month, day, your)		
	Comment: PA170729_07							

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_						=	
1.	Agency Name				Date Stamp	California 802	
	California Department of F					Form 502 For Official Use Only	
	Division, Department, or Re				For Official Use Offiy		
	32nd District Agricultural A						
	Designated Agency Contact						
	Ken Karns, VP Business C	·			Amendment (Must P	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			<u> </u>	,	
	(714) 708-1500	executive@ocfair.c	om		Date of Original Filing:	(month, day, year)	
<u>-</u> 2.	Function or Event Info	rmation					
	Does the agency have a tie	cket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ <u></u> \$3	37.50	
	Event Description: Huey L						
	Ticket(s)/Pass(es) provided	•		f no:			
	. , , , , ,						
	Was ticket distribution mad	le at the behest Yes [] No⊠ ^{If}	f yes:	Official's Name (Last, First)		
	of agency official?						
3.	Recipients						
٠.	• Use Section A to identify the ago	ency's department or unit. •	Use Section B to	identify an individ	lual. • Use Section C to ident	tify an outside organization.	
	A. Name of Agency, De	partment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
			rasses				
				+			
	B. Name of In		Number of Ticket(s)/ Passes		Identify one of the f	following:	
	(=1:51)	9	1 03303	Coron	nonial Role Other	Income	
					nonial Role Other king "Ceremonial Role" or "Other" de		
					nonial Role Other king "Ceremonial Role" or "Other" de		
	C. Name of Outside (include address ar		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
	KNX 5670 Wilshire Blvd Ste. 2	00 Los Angeles, CA.	20		f OCFEC events, activ Policy 2.11.3.E.iii.d)	vities, facilities, or	
4.	Verification						
	I have read and understand F with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance	
	Ken Karns Digitally signed by Ken Karns Digitally signed by Ken Karns o=OCFEC, email=kkarns@ocfair.com, c=	us Ka	n Karns	1/	P Business Operation	s 8/13/17	
	Date: 2017.01.23 16:23:36-08 Signature of Agency Head or Desi		int Name	v	Title	(month, day, year)	
						(,, , , , , , , , , , , , , ,	
	Comment: PA170803_05						

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•	oronnonnar regio Evon	to and monoth	acc Bicti	Dations		
1.	Agency Name				Date Stamp	California 202
	California Department of Fo	ood & Agriculture				Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	32nd District Agricultural As	sociation				
	Designated Agency Contact	(Name,Title)			1	
	Ken Karns, VP Business Op	perations			Amondment (Must Dr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				ovide Explanation in Part 3.)
	(714) 708-1500	executive@ocfair.c	om		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes [⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ <u>\$4</u>	2.50
	Event Description: Isley Bro	others/ The Commodo	ores	Pate(s)8	<u>, 10 , 17 </u>	
	Ticket(s)/Pass(es) provided	•		no:		
					Name of Source	
	Was ticket distribution made	e at the behest Yes [□ No⊠ ^{If}	yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
ა.	• Use Section A to identify the age	ncy's department or unit •	Use Section R to i	dentify an individ	lual • Use Section C to identi	fy an outside organization
	- Coc Section A to identify the agen	ney sucpartment of unit.	Number	l l l l l l l l l l l l l l l l l l l	rum. esc section e to identi	Ty an outside organization.
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
			1 43363			
	-					
	R Name of Ind	ividual	Number			
	B. Name of Ind (Last, Fi		of Ticket(s)/ Passes		Identify one of the fo	ollowing:
				Cerem	nonial Role Other	Income
					king "Ceremonial Role" or "Other" des	cribe below:
				Cerem	nonial Role Other	Income
				If check	king "Ceremonial Role" or "Other" des	cribe below:
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	KSBR 28000 MARGUERI	TE PARKWAY MV,	10		f OCFEC events, activ	ities, facilities, or
				. 5 (-	, , , , , , , , , , , , , , , , , , , ,	
4.	Verification					
	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified t	that the distribution set fo	rth above, is in accordance
	Ken Karns Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, or email=kkarns@ocfair.com, c=U5	: Ka	n Karns	\/	D Rusinges Operations	8/13/17
•	Signature of Agency Head or Desig		rint Name	v	P Business Operations Title	(month, day, year)
					1100	(monal, day, your)
	Comment: PA170810_05					

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1.	Agency Name				Date Stamp	California 802
	California Department of Fo					Form OUZ
	Division, Department, or Reg	jion (if applicable)				For Official Use Only
	32nd District Agricultural As					
	Designated Agency Contact	(Name,Title)				
	Ken Karns, VP Business O	perations			Amendment (Must P	rovide Explanation in Part 3)
	Area Code/Phone Number	E-mail				zanac zapranacion in r art ory
	(714) 708-1500	executive@ocfair.c	om		Date of Original Filing: .	(month, day, year)
<u> </u>	Function or Event Infor	rmation				
	Does the agency have a tic		⊠ No□ F	ace Value of	Each Ticket/Pass \$ \$	35.00
	Event Description: Rebulut		e for the		<u>, 11 , 17 </u>	
	Ticket(s)/Pass(es) provided	•		f no:		
	Ticket(3)/1 ass(es) provided	r by agency: rest	∆ N0 ∐ ''	110	Name of Source	
	Was ticket distribution made	e at the behest Yes [□ No⊠ If	f yes:	Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
_						
3.	Recipients • Use Section A to identify the age	nava danastmant as unit	Has Saction P to	idantify an individ	lual • Usa Saction C to ident	ify an autoida arganization
	• Ose Section A to identify the age.	ncy's department or unit.	Number	T an individ	dual. • Ose Section C to ident	my an outside organization.
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	B. Name of Inc		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
				Ceren	nonial Role Other	Income
					king "Ceremonial Role" or "Other" des	-
				Ceren	nonial Role Other	Income
				If check	king "Ceremonial Role" or "Other" des	scribe below:
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	Jambase 1 Zoe Street. San Francis	co, CA 94107	6		f OCFEC events, activ	vities, facilities, or
_	Verification		I			
4.	I have read and understand Fl with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance
ı	Kon Karns Disitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, o	u=Operations,			D Dunings - O	0/40/47
	Date: 2017.01.23 16:23:36 -08'0		n Karns	<u> </u>	P Business Operation Title	
	Signature of Agency Head or Desig	nice P	init ivaille		riue	(month, day, year)
	Comment: PA170811_01					

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•	5. 5 5 a	to and monour	acc Bicti	Dations	•	ti abiio Boodiiioiit
1.	Agency Name				Date Stamp	California 802
	California Department of Fo	od & Agriculture				Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	32nd District Agricultural As	sociation				
	Designated Agency Contact	(Name,Title)				
	Ken Karns, VP Business Op	perations			Amondment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Musi	Provide Explanation in Part 3.)
	(714) 708-1500	executive@ocfair.c	om		Date of Original Filing	:(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes [⊠ No□ F	ace Value of	Each Ticket/Pass \$ 2	35.00
	Event Description: Rebuluti		for the		<u>, 11 , 17</u>	/
	Ticket(s)/Pass(es) provided	•		no:		
					Name of Source	_
	Was ticket distribution made	e at the behest Yes [□ No⊠ ^{If}	yes:	Official's Name (Last, First	()
	of agency official?				Omolaro Namo (Edot, Finot	,
_	Desirients					
3.	Recipients • Use Section A to identify the ager	ncy's department or unit. •	Use Section B to i	dentify an individ	ual. • Use Section C to ide	ntify an outside organization.
	ese section it to identify the agen	ey s department of unit.	Number		est section e to luc	neny un outside organization.
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy
	B. Name of Ind	ividual	Number of Ticket(s)/		Identify one of the	following:
	(Last, Fi	rst)	Passes '		•	
					nonial Role Other	_
				IT CHECK	king "Ceremonial Role" or "Other" o	describe below:
					nonial Role Other of the or "Other" of the or "Other" of the or "Other" of the or "Other" of the other of th	-
				ii checi	ang deremoniar Note of Other C	describe below.
			Number			
	C. Name of Outside C	_	of Ticket(s)/	Describe th	e public purpose made pu	ursuant to the agency's policy
	·	• ,	Passes	Dromotion	f OCEEC avanta and	tivition facilities or
	OC Weekly 2975 Red Hill Av. Suite 15	50 Costa Mesa Ca	10		f OCFEC events, act Policy 2.11.3.E.iii.d)	uvilles, racililles, or
	2070 Red Tilli AV. Outle Te	, 003ta MC3a, 0a.		programo: (i		
_	\\\au\dagger\text{i} = \alpha\dagger\text{i} = \text{i}					
4.	Verification	200 Damilatiana 40044	4		No of the ordinate in the con-	faulle alegan in its account.
	I have read and understand FF with the requirements.	PC Regulations 18944	.1 and 18942.	ı nave veritied t	nat the distribution set	тогтп above, is in accordance
ı	Lan Karns DN: cn=Ken Karns, o=OCFEC, ou	=Operations,	n Karns	١./	D Business Oner-4:-	0/40/47
	CIII Call Semail=kkarns@ocfair.com, c=US Date: 2017.01.23 16:23:36-08'00 Signature of Agency Head or Design	<u> </u>	n Karns int Name	V	P Business Operatio	ons 8/13/17 (month, day, year)
		FI	int Hamo		ilue	(month, day, year)
	Comment: PA170811_02					

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1.	Agency Name				Date Stamp	California 802
	California Department of Fo					Form OUZ
	Division, Department, or Reg	gion (if applicable)				For Official Use Only
	32nd District Agricultural As					
	Designated Agency Contact					
	Ken Karns, VP Business O	perations			Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				, , , , , , , , , , , , , , , , , , , ,
	(714) 708-1500	executive@ocfair.c	om		Date of Original Filing: .	(month, day, year)
<u>-</u> 2.	Function or Event Info	rmation				
	Does the agency have a tic	ket policy? Yes [⊠ No □ F	ace Value of	Each Ticket/Pass \$ \$3	35.00
	Event Description: Rebulut		e for the		<u>/ 11 / 17</u>	
	Ticket(s)/Pass(es) provided	·		f no:		
					Name of Source	
	Was ticket distribution mad	e at the behest Yes [□ No⊠ ^{If}	f yes:	Official's Name (Last, First)	
	of agency official?				Omolar o Mario (Edol, 1 iroly	
3.	Recipients					
٠.	• Use Section A to identify the age	ncy's department or unit.	Use Section B to	identify an individ	lual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Dep	partment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
			rasses			
				+		
	B. Name of Inc.		Number of Ticket(s)/		Identify one of the f	ollowing:
	(Last, 1	isi)	Passes	-		1
					nonial Role Other cking "Ceremonial Role" or "Other" de.	
					nonial Role Other king "Ceremonial Role" or "Other" de.	
	C. Name of Outside (include address an		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	KSBR 28000 MARGUER	ITE PARKWAY MV,	10		of OCFEC events, active Policy 2.11.3.E.iii.d)	vities, facilities, or
4.	Verification		•			
	I have read and understand F with the requirements.	PPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance
	Ken Karns Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, email=kkarns@ocfair.com, c=L	ıs Ko	en Karns	\/	P Business Operation	s 8/13/17
	Signature of Agency Head or Designature		rint Name	v	Title	(month, day, year)
	DA470044 02					
	Comment: PA170811_03					

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1.	Agency Name				Date Stamp	Form 802
	California Department of Fo	•				TOTAL OF THE
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	32nd District Agricultural As	sociation				
	Designated Agency Contact	(Name, Title)				
	Ken Karns, VP Business Op	perations			Amendment (Must Provide	Fundametics in Dest 2.)
	Area Code/Phone Number	E-mail			Amendment (Must Provide	Explanation in Fart 3.)
	(714) 708-1500	executive@ocfair.c	om		Date of Original Filing:	onth, day, year)
<u> </u>	Function or Event Infor	 mation			(,
	Does the agency have a tick		⊠ No □ F	ace Value of	Each Ticket/Pass \$ \$35.00	
	Event Description: Rebuluti		for the			
	Ticket(s)/Pass(es) provided	•		no:		
					Name of Source	
	Was ticket distribution made	e at the behest Yes [□ No 🗵 🛚 If	yes:	Official's Name (Last, First)	
	of agency official?				omolar o rvamo (Last, r not)	
3.	•		Use Section B to i Number of Ticket(s)/ Passes	I	ual. • Use Section C to identify an	-
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the followi	ng:
					nonial Role Other Discrete Other describe be	Income Income
					nonial Role Other Other describe be	Income Income
	C. Name of Outside O	_	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant	to the agency's policy
	OC Register 625 N. Grand Santa Ana,	CA 92701	20		f OCFEC events, activities Policy 2.11.3.E.iii.d)	, facilities, or
4.	Verification					
	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified t	that the distribution set forth a	bove, is in accordance
I	Ken Karns Digitally signed by Ken Karrs Digitally signed	<u> </u>	n Karns	V	P Business Operations	8/13/17 (month, day, year)
		IOO FI	int Name		THIC	(month, day, year)
	Comment: PA170811_04					

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1.	Agency Name				Date Stamp	California 802
	California Department of Fo					Form OUZ
	Division, Department, or Reg	gion (if applicable)				For Official Use Only
	32nd District Agricultural As					
	Designated Agency Contact					
	Ken Karns, VP Business O	perations			rovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail]	, , , , , , , , , , , , , , , , , , , ,
	(714) 708-1500	executive@ocfair.c	om		Date of Original Filing: .	(month, day, year)
<u>-</u> 2.	Function or Event Info	rmation				
	Does the agency have a tic	cket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ \$3	35.00
	Event Description: Rebelut				<u>/ 11 / 17</u>	
	Event Description:	Provide Title/ Explai	nation	Date(s)	//	//
	Ticket(s)/Pass(es) provided			f no:	Name of Source	
					Name of Source	
	Was ticket distribution mad	e at the behest Yes [□ No⊠ ^{II}	f yes:	Official's Name (Last, First)	
	of agency official?				, ,	
3.	Recipients					
٠.	• Use Section A to identify the age	ncy's department or unit. •	Use Section B to i	identify an individ	lual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Dep	partment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy
			Passes			
			Number			
	B. Name of Inc		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	(Edot, 11		Passes		·	1 . 🗆
					nonial Role Other Manager Other Manager Other Other	-
					·	1
					nonial Role Other king "Ceremonial Role" or "Other" des	
	Name of Outside (Oiti	Number			
	C. Name of Outside 0 (include address an		of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	KROQ			Promotion o	of OCFEC events, activ	vities, facilities, or
	5901 Venice Blvd Los Ar	ngeles, , CA. 90034	20		Policy 2.11.3.E.iii.d)	,
<u>-</u>	Verification		•	•		
	I have read and understand Fi with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance
ı	Kan Karns Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, o	ou=Operations,	n Vorns	.	/D Business Onersting	040/47
	Signature of Agency Head or Design		n Karns	<u> </u>	'P Business Operation Title	813/17 (month, day, year)
		, F			Tiuo	(monun, day, year)
	Comment: PA170811_05					

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		to and monoth	acc Biotii	Dationo	A i u	Dilo Boodinicht	
1.	Agency Name				Date Stamp	California 802	
	California Department of Fo	od & Agriculture				TOTAL S	
	Division, Department, or Reg	ion (if applicable)	For Official Use Or				
	32nd District Agricultural As	sociation					
	Designated Agency Contact	(Name, Title)					
	Ken Karns, VP Business Op	perations			Amendment (Must Provide	Evalenation in Bort 2.)	
	Area Code/Phone Number	E-mail				Explanation in Part 3.)	
	(714) 708-1500	executive@ocfair.c	om		Date of Original Filing:	nonth, day, year)	
_	Function or Event Infor				(//	ionin, day, year)	
	Does the agency have a tick			ace Value of	Fach Ticket/Pass \$ \$35.00)	
	Event Description: Rebuluti	on/Nahko & Medicine	for the		Each Ticket/Pass \$ \$35.00 /		
	Tiplest(s)/Dass(ss) avaided	Provide Title/ Explan					
	Ticket(s)/Pass(es) provided				Name of Source		
	Was ticket distribution made	e at the behest Yes [] No⊠ ^{If}	yes:	Official's Name (Last, First)		
	of agency official?				Omoral's Name (Last, 1 hot)		
3.	•		Use Section B to i Number of Ticket(s)/ Passes		dual. • Use Section C to identify an outside organization.		
			Number				
	B. Name of Ind (Last, Fir		of Ticket(s)/ Passes		Identify one of the following:		
					nonial Role Other Oth	Income Delow:	
					nonial Role Other Ching "Ceremonial Role" or "Other" describe to	Income Delow:	
	C. Name of Outside O	•	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant	to the agency's policy	
	Resin Music 901 Manhattan Ave #8 He	rmosa Beach, CA.	10		f OCFEC events, activities Policy 2.11.3.E.iii.d)	s, facilities, or	
4.	Verification						
	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set forth a	above, is in accordance	
I	Ken Karns Digitally signed by Ken Karns DN: cn=Ken Karns, en-CECE, Date: 2017.01.23 16:2336-0800	<u> </u>	n Karns	V	P Business Operations	8/13/17	
	Signature of Agency Head or Design	nee Pi	int Name		Title	(month, day, year)	
	Comment: PA170811_06						

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1.	Agency Name				Date Stamp	California 202		
	California Department of Fo	•				Form OUZ		
	Division, Department, or Reg	jion (if applicable)	1	For Official Use Only				
	32nd District Agricultural As	ssociation						
	Designated Agency Contact	(Name, Title)	1					
	Ken Karns, VP Business O	perations	Amondment (Must D	avide Evalenation in Deut 2)				
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)			
	(714) 708-1500	executive@ocfair.c	om		Date of Original Filing: _	(month, day, year)		
_	Function or Event Infor					(monut, day, your)		
۲.	Does the agency have a tic		⊠ No□ F	ace Value of	Each Ticket/Pass \$ 35	.00		
	• •							
	Event Description: Rebulut	ion/ivanko & iviedicine	e for the	Date(s)8	<u>/ 11 / 17 </u>	/		
	Ticket(s)/Pass(es) provided	Provide Title/ Explai		f no:				
	Ticket(s)/Fass(es) provided	i by agency: 1es [⊠ No □ If	110	Name of Source Official's Name (Last, First)			
	Was ticket distribution made	e at the behest Yes [□ No⊠ ^{If}	f yes:				
	of agency official?				Official's Name (Last, First)			
_								
3.	Recipients							
	Use Section A to identify the agental section A to identify the agent	ncy's department or unit. •	lual. • Use Section C to identi	fy an outside organization.				
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy			
	R Name of Ind	lividual	Number		Identify and of the followings			
	B. Name of Ind (Last, Fi		of Ticket(s)/ Passes		Identify one of the following:			
				Ceren	nonial Role Other	Income		
					king "Ceremonial Role" or "Other" des	cribe below:		
				Ceren	nonial Role Other	Income		
				If check	king "Ceremonial Role" or "Other" des	cribe below:		
	Name of Outside C	Organization	Number of Ticket(s)/	Describe th	the public purpose made pursuant to the agency's policy			
	C. (include address an	d description)	Passes	Describe tri	ne public purpose made pure	dunt to the agency 3 poncy		
	KUCI		6	Promotion o	of OCFEC events, activities, facilities, or			
	P.O.Box 4362, Irvine, CA	. 92618	6	programs. (F	Policy 2.11.3.E.iii.d)			
4.	Verification	<u> </u>						
	I have read and understand FI	PPC Regulations 18944	l.1 and 18942.	I have verified	that the distribution set fo	rth above, is in accordance		
	with the requirements.	u_Operations						
	Ken Karns Ditcherken Karns, o=OCFEC, o email=kkarns@ocfair.com, c=U Date: 2017.01.23 16:23:36-08'0	<u>Ke</u>	n Karns	V	P Business Operations	8/13/17		
	Signature of Agency Head or Desig	nee P	rint Name		Title	(month, day, year)		
	Comment: PA170811_07							

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۱.	Agency Name				Date Stamp	California 202	
	California Department of Fo	•		Form OUZ			
	Division, Department, or Reg	ion (if applicable)		For Official Use Only			
	32nd District Agricultural As	sociation					
	Designated Agency Contact	(Name, Title)	1				
	Ken Karns, VP Business O	perations			Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			. Must Pi	rovide Explanation in Part 3.)	
	(714) 708-1500	executive@ocfair.c	om		Date of Original Filing: .	(month, day, year)	
<u>-</u> 2.	Function or Event Infor	mation					
	Does the agency have a tic	ket policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$ <u>\$</u> 3	35.00	
	Event Description: Rebuluti		e for the		<u>, 12 , 17 </u>		
	Ticket(s)/Pass(es) provided	•		no:			
	(0), 400(00) p.0404	2) agono, 100 g	A 140 L		Name of Source		
	Was ticket distribution made	e at the behest Yes [□ No⊠ ^{If}	yes:	Official's Name (Last, First)		
	of agency official?				Official's Name (Last, 1 list)		
3.	Recipients						
٥.	• Use Section A to identify the age	ncy's department or unit. •	lual. • Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy		
			Passes				
			Number		Identify one of the following:		
	B. Name of Ind (Last, Fit		of Ticket(s)/ Passes				
		,	1 20000	Cerem	nonial Role Other	Income	
					king "Ceremonial Role" or "Other" des		
				Cerem	nonial Role Other	Income	
					king "Ceremonial Role" or "Other" des		
	C. Name of Outside C	Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy			
	KROQ 5901 Venice Blvd Los Angeles, , CA. 90034		20		f OCFEC events, activ	rities, facilities, or	
		<u> </u>			,		
_							
4.	Verification						
	I have read and understand Fluith the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified t	that the distribution set fo	orth above, is in accordance	
ļ	Ken Karns	u=Operations,	n Varna	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	D Duainaga Onaratian	0/40/47	
1	Signature of Agency Head or Desig	<u> </u>	n Karns	V	P Business Operation	8/13/17 (month, day, year)	
					Titlo	(month, day, your)	
	Comment: PA170812_01						