

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
California Department of Food & Agriculture			For Official Use Only
<b>Division, Department, or Region</b> (if applicable)			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 42.50

Event Description: Steel Pulse/ Wailers    Date(s) 7 / 8 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_

Name of Source

Was ticket distribution made at the behest of agency official?    Yes     No     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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Resin Music 901 Manhattan Ave #8 Hermosa Beach, CA.	6	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	06/02/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170708\_01

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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32nd District Agricultural Association			
<b>Designated Agency Contact</b> <i>(Name, Title)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>  <b>Date of Original Filing:</b> _____ <i>(month, day, year)</i>	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 42.50

Event Description: Steel Pulse/ The Wailers    Date(s) 7 / 8 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_

*Name of Source*

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: \_\_\_\_\_

*Official's Name (Last, First)*

**3. Recipients**

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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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
KLOS 8965 Lindblade Street , Culver City 90232	40	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.*

<b>Ken Karns</b> <small>Digitally signed by Ken Karns          DN: cn=Ken Karns, o=OCFEC, ou=Operations,          email=karns@ocfair.com, c=US          Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	06/02/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170708\_02

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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California Department of Food & Agriculture			For Official Use Only
<b>Division, Department, or Region</b> (if applicable)			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 42.50

Event Description: Steel Pulse/ The Wailers    Date(s) 7 / 8 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes  No     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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
KABC 8965 Lindblade Street , Culver City 90232	40	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns <hr/> <small>Print Name</small>	VP Business Operations <hr/> <small>Title</small>	06/02/17 <hr/> <small>(month, day, year)</small>
Comment: <u>PA170708_03</u>			

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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California Department of Food & Agriculture			For Official Use Only
<b>Division, Department, or Region</b> (if applicable)			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<b>Date of Original Filing:</b> _____ (month, day, year)	
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 42.50

Event Description: Steel Pulse/ The Wailers    Date(s) 7 / 8 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest of agency official?    Yes     No     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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
KUCI P.O.Box 4362 , Irvine, CA. 92618	10	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns <small>Print Name</small>	VP Business Operations <small>Title</small>	06/02/17 <small>(month, day, year)</small>
Signature of Agency Head or Designee			

Comment: PA170708\_04

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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California Department of Food & Agriculture			For Official Use Only
<b>Division, Department, or Region</b> (if applicable)			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 42.50

Event Description: Steel Pulse / The Wailers    Date(s) 7 / 8 / 17    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes     No     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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
KCBS 5901 Venice Blvd. LA, Ca. 90034	20	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.

Ken Karns	Ken Karns	VP Business Operations	06/02/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Digitally signed by Ken Karns  
DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=karns@ocfair.com, c=US  
Date: 2017.01.23 16:23:36 -0800'

Comment: PA170708\_05

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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<b>Division, Department, or Region</b> <i>(if applicable)</i>			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> <i>(Name, Title)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>  <b>Date of Original Filing:</b> _____ <i>(month, day, year)</i>	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 42.50

Event Description: Steel Pulse/ The Wailers    Date(s) 7 / 8 / 17    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: \_\_\_\_\_  
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**3. Recipients**

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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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Jambase.com 1 Zoe Street. San Francisco, CA 94107	6	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.*

<b>Ken Karns</b> <small>Digitally signed by Ken Karns          DN: cn=Ken Karns, o=OCFEC, ou=Operations,          email=karns@ocfair.com, c=US          Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	06/02/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170708\_06

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 42.50

Event Description: Steel Pulse / Common Kings    Date(s) 7 / 9 / 17    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes  No     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:
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KCBS 5901 Venice Blvd. LA, Ca. 90034	20	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

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<b>Ken Karns</b> <small>Digitally signed by Ken Karns            DN: cn=Ken Karns, o=OCFEC, ou=Operations,            email=karns@ocfair.com, c=US            Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	06/02/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170709\_01

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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32nd District Agricultural Association			
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Jambase.com 1 Zoe Street. San Francisco, CA 94107	6	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

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<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170709\_02



# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

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Event Description: Steel Pulse/ Common Kings    Date(s) 7 / 9 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Provide Title/ Explanation

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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
KSBR 28000 MARGUERITE PARKWAY MV,	10	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.

Ken Karns	Ken Karns	VP Business Operations	06/02/17
Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'	Signature of Agency Head or Designee	Print Name	Title (month, day, year)

Comment: PA170709\_03

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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<b>Division, Department, or Region</b> <i>(if applicable)</i>			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> <i>(Name, Title)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>  <b>Date of Original Filing:</b> _____ <i>(month, day, year)</i>	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 42.50

Event Description: Steel Pulse/ Common Kings    Date(s) 7 / 9 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest of agency official?    Yes  No     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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Resin Music 901 Manhattan Ave #8 Hermosa Beach, CA.	10	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.*

<b>Ken Karns</b> <small>Digitally signed by Ken Karns          DN: cn=Ken Karns, o=OCFEC, ou=Operations,          email=karns@ocfair.com, c=US          Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	06/02/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>
Comment: <u>PA170709_04</u>			

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
California Department of Food & Agriculture			For Official Use Only
<b>Division, Department, or Region</b> (if applicable)			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 42.50

Event Description: Steel Pulse/ Common Kings    Date(s) 7 / 9 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_

Name of Source

Was ticket distribution made at the behest of agency official?    Yes  No     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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
OC Weekly 2975 Red Hill Av. Suite 150, Costa Mesa, Ca.	10	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns        DN: cn=Ken Karns, o=OCFEC, ou=Operations,        email=karns@ocfair.com, c=US        Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	06/02/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170709\_05

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
California Department of Food & Agriculture			For Official Use Only
<b>Division, Department, or Region</b> <i>(if applicable)</i>			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> <i>(Name, Title)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>  <b>Date of Original Filing:</b> _____ <i>(month, day, year)</i>	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 42.50

Event Description: Steel Pulse/ Common Kings    Date(s) 7 / 9 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_

*Name of Source*

Was ticket distribution made at the behest of agency official?    Yes  No     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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
OC Register 625 N. Grand Santa Ana, CA 92701	20	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.*

<b>Ken Karns</b> <small>Digitally signed by Ken Karns          DN: cn=Ken Karns, o=OCFEC, ou=Operations,          email=karns@ocfair.com, c=US          Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	06/02/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170709\_06

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
California Department of Food & Agriculture			For Official Use Only
<b>Division, Department, or Region</b> (if applicable)			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 42.50

Event Description: Steel Pulse/ Common Kings    Date(s) 7 / 9 / 17    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes  No     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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
KUCI P.O.Box 4362 , Irvine, CA. 92618	20	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns            DN: cn=Ken Karns, o=OCFEC, ou=Operations,            email=karns@ocfair.com, c=US            Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	06/02/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170709\_07

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
California Department of Food & Agriculture			For Official Use Only
<b>Division, Department, or Region</b> (if applicable)			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<b>Date of Original Filing:</b> _____ (month, day, year)	
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 42.50

Event Description: Steel Pulse/ Common Kings    Date(s) 7 / 9 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest of agency official?    Yes  No     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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
KLOS 8965 Lindblade Street , Culver City 90232	40	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.*

Ken Karns	Ken Karns	VP Business Operations	06/02/17
Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'	Signature of Agency Head or Designee	Print Name	Title (month, day, year)

Comment: PA170709\_08

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
California Department of Food & Agriculture			For Official Use Only
<b>Division, Department, or Region</b> (if applicable)			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 42.50

Event Description: Steel Pulse/ Common Kings    Date(s) 7 / 9 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes  No     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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
KABC 8965 Lindblade Street , Culver City 90232	40	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	06/02/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170709\_09

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
California Department of Food & Agriculture			For Official Use Only
<b>Division, Department, or Region</b> <i>(if applicable)</i>			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> <i>(Name, Title)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>  <b>Date of Original Filing:</b> _____ <i>(month, day, year)</i>	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 42.50

Event Description: Steel Pulse/ Common Kings    Date(s) 7 / 9 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_

*Name of Source*

Was ticket distribution made at the behest of agency official?    Yes  No     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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
KPFK 3729 Cahuenga Blvd. West North Hollywood, CA 91604	10	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.*

<b>Ken Karns</b> <small>Digitally signed by Ken Karns          DN: cn=Ken Karns, o=OCFEC, ou=Operations,          email=karns@ocfair.com, c=US          Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns <small>Print Name</small>	VP Business Operations <small>Title</small>	06/02/17 <small>(month, day, year)</small>
<small>Signature of Agency Head or Designee</small>			

Comment: PA170709\_10



# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
California Department of Food & Agriculture			For Official Use Only
<b>Division, Department, or Region</b> (if applicable)			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 27.50

Event Description: Slightly Stoopid/Iration/J Boog    Date(s) 7 / 21 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes  No     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:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Silverback Management 1013 North Orange Drive LA CA 90038	20	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns <small>Print Name</small>	VP Business Operations <small>Title</small>	06/02/17 <small>(month, day, year)</small>
Signature of Agency Head or Designee			

Comment: PA170721\_01

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
California Department of Food & Agriculture			For Official Use Only
<b>Division, Department, or Region</b> (if applicable)			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<b>Date of Original Filing:</b> _____ (month, day, year)	
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 27.50

Event Description: Slightly Stoopid/Iration/J Boog    Date(s) 7 / 21 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest of agency official?    Yes  No     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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
KROQ 5901 Venice Blvd Los Angeles, , CA. 90034	60	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.*

<b>Ken Karns</b> <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns Print Name	VP Business Operations Title	06/02/17 (month, day, year)
Signature of Agency Head or Designee			
Comment: <u>PA170721_02</u>			

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
California Department of Food & Agriculture			For Official Use Only
<b>Division, Department, or Region</b> (if applicable)			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<b>Date of Original Filing:</b> _____ (month, day, year)	
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 27.50

Event Description: Slightly Stoopid/Iration/J Boog    Date(s) 7 / 21 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_

Name of Source

Was ticket distribution made at the behest of agency official?    Yes  No     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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
KUCI P.O.Box 4362 , Irvine, CA. 92618	6	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns <small>Print Name</small>	VP Business Operations <small>Title</small>	06/02/17 <small>(month, day, year)</small>
Signature of Agency Head or Designee			

Comment: PA170721\_03

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
California Department of Food & Agriculture			For Official Use Only
<b>Division, Department, or Region</b> (if applicable)			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 27.50

Event Description: Slightly Stoopid/Iration/J Boog    Date(s) 7 / 21 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes  No     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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Resin Music 901 Manhattan Ave #8 Hermosa Beach, CA.	6	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns <hr/> Print Name	VP Business Operations <hr/> Title	06/02/17 <hr/> <small>(month, day, year)</small>
Comment: <u>PA170721_04</u>			

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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California Department of Food & Agriculture			For Official Use Only
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32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<b>Date of Original Filing:</b> _____ (month, day, year)	
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 27.50

Event Description: Slightly Stoopid/Iration/J Boog    Date(s) 7 / 21 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest of agency official?    Yes  No     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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
Jambase 1 Zoe Street. San Francisco, CA 94107	6	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.*

<b>Ken Karns</b> <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns <hr/> Print Name	VP Business Operations <hr/> Title	06/02/17 <hr/> (month, day, year)
Signature of Agency Head or Designee			

Comment: PA170721\_05

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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<b>Division, Department, or Region</b> (if applicable)			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ \$35.00

Event Description: Gavin DeGraw / Calum Scott    Date(s) 7 / 26 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_

Name of Source

Was ticket distribution made at the behest of agency official?    Yes  No     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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
MYFM 3400 West Olive Ave. Ste 550 , Burbank, CA.	62	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns <small>Print Name</small>	VP Business Operations <small>Title</small>	06/02/17 <small>(month, day, year)</small>
Signature of Agency Head or Designee			

Comment: PA170726\_01

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
California Department of Food & Agriculture			For Official Use Only
<b>Division, Department, or Region</b> <i>(if applicable)</i>			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> <i>(Name, Title)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>  <b>Date of Original Filing:</b> _____ <i>(month, day, year)</i>	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 35.00

Event Description: Gavin DeGraw / Calum Scott    Date(s) 7 / 26 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest of agency official?    Yes  No     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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
KCBS 5901 Venice Blvd. LA, Ca. 90034	10	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.*

<b>Ken Karns</b> <small>Digitally signed by Ken Karns  DN: cn=Ken Karns, o=OCFEC, ou=Operations,  email=karns@ocfair.com, c=US  Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns <small>Print Name</small>	VP Business Operations <small>Title</small>	06/02/17 <small>(month, day, year)</small>
Signature of Agency Head or Designee			

Comment: PA170726\_02

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
California Department of Food & Agriculture			For Official Use Only
<b>Division, Department, or Region</b> (if applicable)			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<b>Date of Original Filing:</b> _____ (month, day, year)	
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ \$35.00

Event Description: Gavin DeGraw / Calum Scott    Date(s) 7 / 26 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest of agency official?    Yes  No     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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
KOST 3400 West Olive Ave. Ste 550 , Burbank, CA.	62	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	06/02/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170726\_03



# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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California Department of Food & Agriculture			For Official Use Only
<b>Division, Department, or Region</b> <i>(if applicable)</i>			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> <i>(Name, Title)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>  <b>Date of Original Filing:</b> _____ <i>(month, day, year)</i>	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 35.00

Event Description: Gavin DeGraw / Calum Scott    Date(s) 7 / 26 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest of agency official?    Yes  No     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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
KABC 8965 Lindblade Street , Culver City 90232	20	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.*

<b>Ken Karns</b> <small>Digitally signed by Ken Karns  DN: cn=Ken Karns, o=OCFEC, ou=Operations,  email=karns@ocfair.com, c=US  Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	06/02/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170726\_04

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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## 1. Agency Name

Date Stamp

California Form **802**

For Official Use Only

California Department of Food & Agriculture

Division, Department, or Region (if applicable)

32nd District Agricultural Association

Designated Agency Contact (Name, Title)

Ken Karns, VP Business Operations

Area Code/Phone Number

E-mail

(714) 708-1500

executive@ocfair.com

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 35.00

Event Description: Colbie Caillat / Justin Young Date(s) 8 / 4 / 17 \_\_\_\_\_  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest of agency official? Yes  No  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:
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
KOST 3400 West Olive Ave. Ste 550 , Burbank, CA.	60	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

## 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.

Ken Karns

Digitally signed by Ken Karns  
DN: cn=Ken Karns, o=OCFEC, ou=Operations,  
email=karns@ocfair.com, c=US  
Date: 2017.01.23 16:23:36 -0800

Ken Karns

VP Business Operations

06/02/17

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: PA170804\_01

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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<b>Division, Department, or Region</b> (if applicable)			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<b>Date of Original Filing:</b> _____ (month, day, year)	
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Event Description: Colbie Caillat / Justin Young    Date(s) 8 / 4 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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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
KCBS 5901 Venice Blvd. LA, Ca. 90034	30	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

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<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170804\_02

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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<b>Division, Department, or Region</b> (if applicable)			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
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(714) 708-1500	executive@ocfair.com		

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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
MYFM 3400 West Olive Ave. Ste 550 , Burbank, CA.	60	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

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<b>Ken Karns</b> <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	06/02/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170804\_03

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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California Department of Food & Agriculture			For Official Use Only
<b>Division, Department, or Region</b> <i>(if applicable)</i>			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> <i>(Name, Title)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>  <b>Date of Original Filing:</b> _____ <i>(month, day, year)</i>	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 35.00

Event Description: Colbie Caillat / Justin Young    Date(s) 8 / 4 / 17    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest of agency official?    Yes  No     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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
KABC 8965 Lindblade Street , Culver City 90232	30	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.*

<b>Ken Karns</b> <small>Digitally signed by Ken Karns  DN: cn=Ken Karns, o=OCFEC, ou=Operations,  email=karns@ocfair.com, c=US  Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	06/02/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170804\_04

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

## 1. Agency Name

Date Stamp

California Form **802**

For Official Use Only

California Department of Food & Agriculture

Division, Department, or Region (if applicable)

32nd District Agricultural Association

Designated Agency Contact (Name, Title)

Ken Karns, VP Business Operations

Area Code/Phone Number

E-mail

(714) 708-1500

executive@ocfair.com

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 47.50

Event Description: Yuridia/ Ha\*Ash Date(s) 8 / 20 / 17  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest of agency official? Yes  No  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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
KRCD 5999 Center Dr LA, CA 90045	60	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

## 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.

Ken Karns

Digitally signed by Ken Karns  
DN: cn=Ken Karns, o=OCFEC, ou=Operations,  
email=karns@ocfair.com, c=US  
Date: 2017.01.23 16:23:36 -0800

Ken Karns

VP Business Operations

06/2/17

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: PA170820\_03

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
California Department of Food & Agriculture			For Official Use Only
<b>Division, Department, or Region</b> (if applicable)			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 47.50

Event Description: Yuridia/ Ha\*Ash    Date(s) 8 / 20 / 17    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes     No     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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
KLVE 5999 Center Dr LA, CA 90045	60	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**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.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns        DN: cn=Ken Karns, o=OCFEC, ou=Operations,        email=karns@ocfair.com, c=US        Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns <small>Print Name</small>	VP Business Operations <small>Title</small>	06/02/17 <small>(month, day, year)</small>
Signature of Agency Head or Designee			

Comment: PA170820\_04