

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 \$ 5.00

Event Description: OC Night Market Date(s) 05 / 19 / 17 05 / 21 / 17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: 626 Night Market
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 |
|---|-----------------------------|--|
| OCFEC Staff | 45 | Attracting and retaining highly qualified employees (Policy 2.11.3.E.iii.i) |
| | | |
| 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 |
| | | |
| | | |

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

06/06/2017

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: EC17_10

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Ken Karns, VP Business Operations

Area Code/Phone Number

E-mail

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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 \$ 18.00

Event Description: Scottish Fest Date(s) _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: United Scottish Society
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 |
|---|-----------------------------|--|
| OCFEC Staff | 32 | Attracting and retaining highly qualified employees (Policy 2.11.3.E.iii.i) |
| | | |
| 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 |
| | | |
| | | |

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.

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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

06/06/17

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: EC17_11

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|--|----------------------|---|----------------------------|
| 1. Agency Name | | Date Stamp | California Form 802 |
| California Department of Food & Agriculture | | | For Official Use Only |
| Division, Department, or Region (if applicable) | | | |
| 32nd District Agricultural Association | | | |
| Designated Agency Contact (Name, Title) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) | |
| Ken Karns, VP Business Operations | | | |
| Area Code/Phone Number | E-mail | Date of Original Filing: _____ (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: 2017 OC Fair Super Pass Date(s) 07 / 14 / 17 08 / 13 / 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 Visitors Association - 19200 Von Karmen Ste. 880, Irvine, CA 92612 | 2 | Economic or business development purposes on behalf of OCFEC (Policy 2.11.3.E.iii.c) |
| | | |

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 <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 | 6/6/17 (month, day, year) |
| Signature of Agency Head or Designee | | | |

Comment: OCFSP17_04