

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

A Public Document

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: _____ <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 \$ 50.00

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 POBox 4362 Irvine, CA 92616	1	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 <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	8/17/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170709_11

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

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Ken Karns, VP Business Operations			
Area Code/Phone Number	E-mail	Date of Original Filing: _____ <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 \$ 50.00

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
Resin Music 809 Kalpati Circle #324. Carlsbad CA 92008	3	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 <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=k.karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	8/17/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170709_12

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 \$ 50.00

Event Description: Steel Pulse/ The Wailers 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
WME 9601 Wilshire Blvd. BH CA 90210	8	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

8/17/17

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: PA170709_13

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

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32nd District Agricultural Association			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Ken Karns, VP Business Operations			
Area Code/Phone Number	E-mail		
(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 \$ 50.00

Event Description: Steel Pulse/ The Wailers 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
Paradigm 9601 Wilshire Blvd. BH CA 90210	4	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 <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	8/17/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170709_14

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

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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: _____ <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 \$ 57.50

Event Description: Kenny Loggins Date(s) 7 / 12 / 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
Paradigm 360 N Crescent Dr, Beverly Hills, CA 90210	12	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	8/17/17
Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=k.karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'	Signature of Agency Head or Designee	Print Name	Title

Comment: PA170712_09

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

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California Department of Food & Agriculture			For Official Use Only
Division, Department, or Region <i>(if applicable)</i>			
32nd District Agricultural Association			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
Ken Karns, VP Business Operations			
Area Code/Phone Number	E-mail		
(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 \$ 57.50

Event Description: Kenny Loggins Date(s) 7 / 12 / 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
Coast to Coast Magazine PO Box 3546 Beverly Hills, CA 90212	1	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 <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	8/17/17 <i>(month, day, year)</i>
Signature of Agency Head or Designee			

Comment: PA170712_10

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

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California Department of Food & Agriculture			For Official Use Only
Division, Department, or Region <i>(if applicable)</i>			
32nd District Agricultural Association			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
Ken Karns, VP Business Operations			
Area Code/Phone Number	E-mail		
(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 \$ 52.50

Event Description: Dashboard Confessional/ AAR Date(s) 7 / 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 <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
Bamf Media 555 N. Commonwealth Ave. Fullerton CA. 928	1	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 <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=k.karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns _____ Print Name	VP Business Operations _____ Title	8/17/17 _____ <i>(month, day, year)</i>
Comment: <u>PA170713_10</u>			

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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 \$ 52.50

Event Description: Dashboard Confessional/ AAR Date(s) 7 / 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:
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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
OC Register 2190 Towne Center Anaheim, CA 92806	1	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	8/17/17
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: PA170713_11

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Ken Karns, VP Business Operations			
Area Code/Phone Number	E-mail	Date of Original Filing: _____ <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 \$ 52.50

Event Description: Dashboard Confessional/ AAR Date(s) 7 / 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.

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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"/> <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
Running Around LA 703 S. Inman Rd W Covina CA 91791	1	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	8/17/17
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
Comment: <u>PA170713_12</u>			

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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: _____ <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 \$ 52.50

Event Description: Dashboard Confessional/ AAR Date(s) 7 / 13 / 17 _____/_____/_____
Provide Title/ Explanation

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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 (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"/> <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
BP independent 216 Main St. Seal Beach, CA 90740	1	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 <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	8/17/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170713_13

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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 \$ 52.50

Event Description: Dashboard Confessional/ AAR Date(s) 7 / 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"/> <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
CAA 2000 Ave. Of The stars. LA CA 90067	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	8/17/17
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: PA170713_7

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

A Public Document

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: _____ <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 \$ 52.50

Event Description: Dashboard Confessional/ AAR Date(s) 7 / 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:
Safley, Dave	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)
		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

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	VP Business Operations	8/17/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170713_8

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
California Department of Food & Agriculture			For Official Use Only
Division, Department, or Region <i>(if applicable)</i>			
32nd District Agricultural Association			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
Ken Karns, VP Business Operations			
Area Code/Phone Number	E-mail		
(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 \$ 52.50

Event Description: Dashboard Confessional/ AAR Date(s) 7 / 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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
Smith, Lane	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)
Palombo, Jackie	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)
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

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	VP Business Operations	8/17/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170713_9

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
California Department of Food & Agriculture			For Official Use Only
Division, Department, or Region <i>(if applicable)</i>			
32nd District Agricultural Association			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
Ken Karns, VP Business Operations			
Area Code/Phone Number	E-mail		
(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 \$ \$62.50

Event Description: Lynyrd Skynyrd Date(s) 7 / 15 / 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:
Loomis, Chris (Press)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)
Tierney, Brian	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)
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

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	VP Business Operations	8/17/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170715_05

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
California Department of Food & Agriculture			For Official Use Only
Division, Department, or Region <i>(if applicable)</i>			
32nd District Agricultural Association			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
Ken Karns, VP Business Operations			
Area Code/Phone Number	E-mail		
(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 \$ 62.50

Event Description: Lynyrd Skynyrd Date(s) 7 / 15 / 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:
Needle, David (Press)	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)
Franco, Mimi	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)
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

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	VP Business Operations	8/17/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170715_06

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

A Public Document

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.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Ken Karns, VP Business Operations			
Area Code/Phone Number	E-mail		
(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 \$ \$37.50

Event Description: Happy Together Date(s) 7 / 16 / 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:
Smith, Steve (press)	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)
		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

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	VP Business Operations	8/17/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170716_04

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

A Public Document

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.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Ken Karns, VP Business Operations			
Area Code/Phone Number	E-mail		
(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: Retro Futura Date(s) 7 / 19 / 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
KPFK 8965 Lindblade Street , Culver City 90232	12	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 <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>	8/17/17 <small>(month, day, year)</small>
Signature of Agency Head or Designee			

Comment: PA170719_08

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
California Department of Food & Agriculture			For Official Use Only
Division, Department, or Region <i>(if applicable)</i>			
32nd District Agricultural Association			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
Ken Karns, VP Business Operations			
Area Code/Phone Number	E-mail		
(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 \$ 52.50

Event Description: Retro Futura Date(s) 7 / 19 / 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
Press / Media 88 Fair Drive. Costa Mesa, CA 92626	7	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 <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	8/17/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: PA170719_09

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

A Public Document

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: _____ <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 \$ 57.50

Event Description: The B-52s Date(s) 7 / 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
WME 9601 Wilshire Blvd BH CA 90210	10	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)
Press / Media 88 Fair Drive. Costa Mesa, CA 92626	5	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 <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	8/17/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170720_06

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

A Public Document

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.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Ken Karns, VP Business Operations			
Area Code/Phone Number	E-mail		
(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 \$ 52.50

Event Description: Slightly Stoopid 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
WME/ Industry 151 El Camino Dr. Beverly Hills, CA 90210	10	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)
Press Media/ Pac Amp 88 Fair Drive. Costa Mesa, CA 92626	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 <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=k.karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	8/17/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170721_07

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

A Public Document

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 \$ 60.00

Event Description: Pepe Aguilar Date(s) 7 / 23 / 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
KPFK 3729 Cahuenga Blvd LA CA 94704	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 <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>	8/17/17 <small>(month, day, year)</small>
Signature of Agency Head or Designee			

Comment: PA170723_05

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

A Public Document

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: _____ <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: Kenny Rogers/Pacific Symphony Date(s) 7 / 30 / 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.

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	VP Business Operations	8/17/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170730_02

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
California Department of Food & Agriculture			For Official Use Only
Division, Department, or Region <i>(if applicable)</i>			
32nd District Agricultural Association			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
Ken Karns, VP Business Operations			
Area Code/Phone Number	E-mail		
(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: Kenny Rogers Date(s) 7 / 30 / 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
KKGO 1500 Cotner Ave. LA, CA. 90025	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 <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=k.karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	8/17/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170730_03

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
California Department of Food & Agriculture			For Official Use Only
Division, Department, or Region <i>(if applicable)</i>			
32nd District Agricultural Association			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
Ken Karns, VP Business Operations			
Area Code/Phone Number	E-mail		
(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: Kenny rogers Date(s) 7 / 30 / 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
KFROG 900 E. Washington St. Colton, CA. 92324	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 <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=k.karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	8/17/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170730_04

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

A Public Document

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: _____ <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: Kenny Rogers Date(s) 7 / 30 / 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
KOST 3400 West Olive Ave. Ste 550 , Burbank, CA.	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 <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>	8/17/17 <hr/> <small>(month, day, year)</small>
Comment: <u>PA170730_05</u>			

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

A Public Document

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: _____ <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: The Isley Brothers / The Commodores Date(s) 8 / 10 / 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
KTWV 5670 Wilshire Blvd Ste. 200 Los Angeles, CA.	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 <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>	8/17/17 <hr/> <small>(month, day, year)</small>
Comment: <u>PA170810_06</u>			

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
California Department of Food & Agriculture			For Official Use Only
Division, Department, or Region <i>(if applicable)</i>			
32nd District Agricultural Association			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
Ken Karns, VP Business Operations			
Area Code/Phone Number	E-mail		
(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 \$ 52.50

Event Description: Isley Brothers/ The Commodores Date(s) 8 / 10 / 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 LA CA 94704	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 <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	8/17/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170810_07