

**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 \$ 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 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
Costa Mesa Chamber of Commerce 1700 Adams Ave #101 Costa Mesa CA 92626	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	VP Business Operations	8/21/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170712_11

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.)	
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 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
Costa Mesa City Council 77 Fair Dr. Costa Mesa CA 92626	2	Intergovernmental relations purposes (Policy 2.11.3.E.iii.f)

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	8/21/17
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: PA170712_12

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.)	
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 \$ 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:
Kramer, Kathy	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> "Job duties of the OCFEC Official require his or her attendance at the event (Policy 2.11.3.E.iii.b)"
		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 <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	8/21/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170712_13

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

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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 \$ 57.50

Event Description: B52's / Pacific Symphony 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
Pacific Symphony 17620 Fitch Ave., Suite 100, Irvine CA 92614	6	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	Ken Karns	VP Business Operations	8/21/17
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: PA170720_07

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.)	
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 \$ 35.00

Event Description: Gavin DeGraw 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
OC Weekly 18475 Bandilier Cir, Fountain Valley, CA 9270	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 <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>	7/24/17 <small>(month, day, year)</small>
Signature of Agency Head or Designee			

Comment: PA170726_05

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: _____ (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 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
KUCI 101 KUCI Trailer Irvine, CA	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 <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	8/21/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: PA170726_07

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.) 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 \$ 55.00

Event Description: Roberto Tapia/ Larry Hernandez Date(s) 7 / 28 / 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
Press Media 88 Fair Drive Costa Mesa, Ca 92626	15	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>	8/21/17 <small>(month, day, year)</small>
Signature of Agency Head or Designee			

Comment: PA170728_05

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.)	
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 \$ 55.00

Event Description: Roberto Tapia/ Larry Hernandez Date(s) 7 / 28 / 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
M & M Group 16872 Bolsa Chica HB CA 92649	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	8/21/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170728_06

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

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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 \$ 55.00

Event Description: Echo Bunnymen/ Violent Femmes Date(s) 7 / 29 / 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
Press / Media 88 Fair Drive. Costa Mesa, CA 92626	9	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	8/21/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170729_08

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 \$ 55.00

Event Description: Echo & Bunnymen/ Violent femmes Date(s) 7 / 29 / 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) 9601 Wilshire Blvd BH 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 <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	8/21/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170729_09

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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 \$ 55.00

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
Press/ Media 88 Fair Drive Costa Mesa, CA	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	Ken Karns	VP Business Operations	8/21/17
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: PA170730_07

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 \$ 55.00

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
WME 9601 Wilshire Blvd Beverly Hills 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 <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	8/21/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170730_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 (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 \$ 55.00

Event Description: The Band Perry Date(s) 8 / 2 / 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	VP Business Operations	8/21/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170802_01

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 \$ \$65.00

Event Description: The Band Perry Date(s) 8 / 2 / 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
Press 88 fair Drive. Costa Mesa, CA 92626	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.

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	8/21/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170802_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 (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 \$ 50.00

Event Description: Colbie Caillat 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:
		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	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.

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	8/21/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: PA170804_05

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: Colbie Caillat 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:
		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	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

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

8/21/17

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: PA170804_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: Michael McDonald/ Boz Scaggs Date(s) 8 / 6 / 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 Agency 9601 Wilshire Blvd Beverly Hills CA 90210	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	8/21/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170806_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: Michael McDonald/ Boz Scaggs Date(s) 8 / 6 / 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
Press/ Media 88 Fair Dr. 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 <small>Print Name</small>	VP Business Operations <small>Title</small>	8/21/17 <small>(month, day, year)</small>
Signature of Agency Head or Designee			

Comment: PA170806_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 <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 \$ 75.50

Event Description: Steve Miller Band/ Peter Frampton Date(s) 8 / 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
Paradigm (agency) 360 N Crescent Dr. BH CA 90210	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	8/21/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170809_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: 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
United Talent Agency 9336 Civic Center. Beverly Hills, CA 90219	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	8/21/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170810_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 (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 \$ 60.00

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 (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
Press / Media 88 Fair Drive, Costa Mesa, CA 92626	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	8/21/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170810_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.) 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: Rebulation/Nahko & Medicine for the Date(s) 8 / 11 / 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	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	8/21/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170811_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 (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 \$ 50.00

Event Description: Rebulation/Nahko & Medicine for the Date(s) 8 / 11 / 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 Dr. Costa Mesa CA 92626	9	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	8/21/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170811_09

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

A Public Document

1. Agency Name

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

(714) 708-1500

E-mail

executive@ocfair.com

Date Stamp

California Form **802**

For Official Use Only

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: Rebulation/Nahko & Medicine for the Date(s) 8 / 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"/> <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
Paradigm 360 N Crescent Dr., Beverly Hills CA 90210	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

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

Ken Karns

Print Name

VP Business Operations

Title

8/21/17

(month, day, year)

Comment: PA170812_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 (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 \$ 72.50

Event Description: Jake Owen Date(s) 8 / 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
WME (agency) 9601 Wilshire Blvd BH CA 90210	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	8/13/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: PA170813_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 <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 \$ 55.00

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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
Greensburg, John	4	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)
		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

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	06/2/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170820_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 \$ 55.00

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
Press / Media 88 Fair drive. Costa Mesa, CA 92626	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	8/21/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170820_06