

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

A Public Document

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 57.50

Event Description: Kenny Loggins / Pacific Symphony    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
Pacific Symphony 17620 Fitch #100, Irvine, CA 92614	4	Fulfillment of contractual obligations (Policy 2.11.3.E.iii.e)

**4. Verification**

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

<b>Ken Karns</b> <small>Digitally signed by Ken Karns  DN: cn=Ken Karns, o=OCFEC, ou=Operations,  email=karns@ocfair.com, c=US  Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	8/22/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170712\_14

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

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 52.50

Event Description: Dashboard Confessional/All-American    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
Boys Republic 1907 Boys Republic Dr, Chino Hills, CA 91709	2	Supporting programs or services rendered by non-profit organizations (Policy 2.11.3.E.iii.h)

**4. Verification**

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

<b>Ken Karns</b> <small>Digitally signed by Ken Karns            DN: cn=Ken Karns, o=OCFEC, ou=Operations,            email=karns@ocfair.com, c=US            Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	8/22/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170713\_14

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

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 70.00

Event Description: Gabriel "Fluffy" Iglesias    Date(s) 7 / 14 / 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:
Perez, Veronica	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> Supporting programs or services rendered by non-profit organizations (Policy 2.11.3.E.iii.h)
		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.*

<b>Ken Karns</b> <small>Digitally signed by Ken Karns          DN: cn=Ken Karns, o=DFPEC, ou=Operations,          email=karns@ocfair.com, c=US          Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	8/22/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170714\_05

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

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 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:
Kramer, Kathy	3	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)
Richards, Michele	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.*

<b>Ken Karns</b> <small>Digitally signed by Ken Karns        DN: cn=Ken Karns, o=OCFEC, ou=Operations,        email=karns@ocfair.com, c=US        Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	8/22/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170715\_07

**Agency Report of:  
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<b>Division, Department, or Region</b> (if applicable)			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<b>Date of Original Filing:</b> _____ (month, day, year)	
(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 (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Bogoshian, Charlie	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> Economic or business development purposes on behalf of OCFEC (Policy 2.11.3.E.iii.c)
Angus, Summer	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> Attracting and retaining highly qualified employees (Policy 2.11.3.E.iii.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	8/22/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170715\_08

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32nd District Agricultural Association			
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Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 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:
Mensinger, Stephen	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)
		Ceremonial Role <input type="checkbox"/> Other <input checked="" 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	8/22/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170715\_09



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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 57.50

Event Description: B52s / 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:
Berger, Vanessa	3	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 (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Kelly Associates (consultants) 1440 N. Harbor Blvd #900 Fullerton ca 92835	2	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)
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.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns <small>Print Name</small>	VP Business Operations <small>Title</small>	8/22/17 <small>(month, day, year)</small>
<small>Signature of Agency Head or Designee</small>			

Comment: PA170720\_08

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

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 52.50

Event Description: Slightly Stoopid/Iration/J Boog/ The M    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
Caterina's Club (non profit) 887 South Anaheim Blvd Anaheim, CA 92805	2	Supporting programs or services rendered by non-profit organizations (Policy 2.11.3.E.iii.h)
High School Inc. Foundation (non-profit) 111 Pacifica #300 Irvine, CA 92618	2	Supporting programs or services rendered by non-profit organizations (Policy 2.11.3.E.iii.h)

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns          DN: cn=Ken Karns, o=OCFEC, ou=Operations,          email=karns@ocfair.com, c=US          Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns <small>Print Name</small>	VP Business Operations <small>Title</small>	8/22/17 <small>(month, day, year)</small>
Signature of Agency Head or Designee			

Comment: PA170721\_08

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32nd District Agricultural Association			
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Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
(714) 708-1500	executive@ocfair.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 52.50

Event Description: Slightly Stoopid/Iration/J Boog/ The M    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
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		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
City of Costa Mesa 77 Fair Dr. Costa Mesa CA 92626	2	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**4. Verification**

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

<b>Ken Karns</b> <small>Digitally signed by Ken Karns            DN: cn=Ken Karns, o=OCFEC, ou=Operations,            email=karns@ocfair.com, c=US            Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	8/22/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170721\_09

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 50.00

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

*Provide Title/ Explanation*

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

*Name of Source*

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

*Official's Name (Last, First)*

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
Miller, Jim	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)
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)
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
Costa Mesa Chamber - Charity Golf Tourn. 1700 Adams #101 Costa Mesa CA 92626	4	Supporting programs or services rendered by non-profit organizations (Policy 2.11.3.E.iii.h)

**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	8/22/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170726\_08

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

A Public Document

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 50.00

Event Description: Justin Moore / Tyler Rich    Date(s) 7 / 27 / 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	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Job duties of the OCFEC Official require his or her attendance at the event (Policy 2.11.3.E.iii.b)
Hundly, John	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)
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
Goldenvoice (concert promoter) 425 W 11th St, # 500 Los Angeles, CA 90015	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.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns        DN: cn=Ken Karns, o=OCFEC, ou=Operations,        email=karns@ocfair.com, c=US        Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	8/22/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170727\_05

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

A Public Document

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 55.00

Event Description: Kenny Roggers    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:
Kramer, Kathy	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> Job duties of the OCFEC Official require his or her attendance at the event (Policy 2.11.3.E.iii.b)
Gitsham, Fran	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)
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
City of Costa Mesa 77 Fair Drive Costa Mesa CA 92626	2	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)
Costa Mesa Chamber Charity Golf Tourn 1700 Adams #101 Costa Mesa CA 92626	4	Supporting programs or services rendered by non-profit organizations (Policy 2.11.3.E.iii.h)

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns        DN: cn=Ken Karns, o=OCFEC, ou=Operations,        email=karns@ocfair.com, c=US        Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	8/22/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170730\_09

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

A Public Document

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 72.00

Event Description: The Band Perry / Alice Wallace    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:
Kramer, Kathy	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> Job duties of the OCFEC Official require his or her attendance at the event (Policy 2.11.3.E.iii.b)
Farrell, Jennifer	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)
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 #101 Costa Mesa CA 92626	2	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)
Vanguard University 55 Fair Drive Costa Mesa CA 92626	2	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns        DN: cn=Ken Karns, o=OCFEC, ou=Operations,        email=k.karns@ocfair.com, c=US        Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	8/22/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170802\_04

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

A Public Document

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 52.50

Event Description: Heuy Lewis & The News    Date(s) 8 / 3 / 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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Job duties of the OCFEC Official require his or her attendance at the event (Policy 2.11.3.E.iii.b)
O'Day, Rey	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> Economic or business development purposes on behalf of OCFEC (Policy 2.11.3.E.iii.c)
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
Tandem Partnerships Sponsorship Sales 88 Fair Drive Costa Mesa CA 92626	2	Economic or business development purposes on behalf of OCFEC (Policy 2.11.3.E.iii.c)
Los Angeles Chargers 3333 Susan St. 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.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	8/22/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170803\_06

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 52.50

Event Description: Heuy Lewis & The News    Date(s) 8 / 3 / 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
Community Action Partners of OC (non-profit) 11870 Monarch St. Garden Grove, CA 92841	2	Supporting programs or services rendered by non-profit organizations (Policy 2.11.3.E.iii.h)

**4. Verification**

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

<b>Ken Karns</b> <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=k.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>	8/22/17 <small>(month, day, year)</small>
<small>Signature of Agency Head or Designee</small>			

Comment: PA170803\_07

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
California Department of Food & Agriculture			For Official Use Only
<b>Division, Department, or Region</b> (if applicable)			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<b>Date of Original Filing:</b> _____ <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: Colbie Caillat / Just Young    Date(s) 8 / 4 / 17    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		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
Costa Mesa Chamber of Commerce 1700 Adams #101 Costa Mesa CA 92626	2	Economic or business development purposes on behalf of OCFEC (Policy 2.11.3.E.iii.c)
Centennial Farm Foundation 88 Fair Dr Costa Mesa CA 92626	2	Supporting programs or services rendered by non-profit organizations (Policy 2.11.3.E.iii.h)

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns        DN: cn=Ken Karns, o=OCFEC, ou=Operations,        email=karns@ocfair.com, c=US        Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	8/22/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170804\_07

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

A Public Document

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 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
Gov't Affairs Committee Costa Mesa Chamber 1700 Adams #101 Costa Mesa CA 92626	2	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)
Chapman University One University Drive, Orange, CA 92866	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.

<b>Ken Karns</b> <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	8/22/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170806\_08

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
California Department of Food & Agriculture			For Official Use Only
<b>Division, Department, or Region</b> (if applicable)			
32nd District Agricultural Association			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Ken Karns, VP Business Operations			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<b>Date of Original Filing:</b> _____ (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 \$ 75.50

Event Description: Steve Miller /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 (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Wigmore, Tim	4	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)
Kramer, Kathy	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> Job duties of the OCFEC Official require his or her attendance at the event (Policy 2.11.3.E.iii.b)
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	2	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)
LA County Fair - Fair Plex 1101 W. McKinley Ave. Pomona, CA 91768	2	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	8/22/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170809\_08

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

A Public Document

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 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:
Kramer, Kathy	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> 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"/> <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
Patriots & Paws Non-profit 1515 W Collins Ave, Orange, CA 92867	2	Supporting programs or services rendered by non-profit organizations (Policy 2.11.3.E.iii.h)
Gov't Affairs Committee Costa Mesa Chamber 1700 Adams #101 Costa Mesa, CA 92626	2	Promotion of OCFEC events, activities, facilities, or programs. (Policy 2.11.3.E.iii.d)

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns	VP Business Operations	8/22/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: PA170810\_10

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

A Public Document

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 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:
Kramer, Kathy	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> Job duties of the OCFEC Official require his or her attendance at the event (Policy 2.11.3.E.iii.b)
Dugan, Tiffany	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)
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 #101 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.

<b>Ken Karns</b> <small>Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=karns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'</small>	Ken Karns <small>Print Name</small>	VP Business Operations <small>Title</small>	8/22/17 <small>(month, day, year)</small>
<small>Signature of Agency Head or Designee</small>			

Comment: PA170813\_07