

# 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 \$ 14.00

Event Description: 2018 OC Fair General Admission    Date(s) 7 / 13 / 18    8 / 12 / 18  
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
Hatch Culinary Lab 17231 17th St. B, Tustin CA 92780	100	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	5/7/2018
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: OCF18\_01

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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 \$ 15.00

Event Description: America's Pet Expo Date(s) 04 / 27 / 18 04 / 29 / 18  
*Provide Title/Explanation*

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

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

## 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
OCFEC Staff	61	Attracting and retaining highly qualified employees (Policy 2.11.3.E.iii.i)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

Signature of Agency Head or Designee

Ken Karns

Print Name

VP Business Operations

Title

5/7/2018

(month, day, year)

Comment: EC18\_07

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Designated Agency Contact (Name, Title)

Ken Karns, VP Business Operations

Area Code/Phone Number

E-mail

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executive@ocfair.com

Amendment (Must Provide Explanation in Part 3.)

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(month, day, year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 18.00

Event Description: Cross Roads of the West Gun Show Date(s) 03 / 24 / 18 03 / 25 / 18  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: B & L Productions, Inc.  
*Name of Source*

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

## 3. Recipients

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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
OCFEC Staff	24	Attracting and retaining highly qualified employees (Policy 2.11.3.E.iii.i)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
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Date: 2017.01.23 16:23:36 -0800'

Ken Karns

VP Business Operations

5/7/18

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: EC18\_06