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

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1.	Agency Name				Date Stamp	California 802
	California Department of Fo	•				Form OUZ
	Division, Department, or Reg	jion (if applicable)			1	For Official Use Only
	32nd District Agricultural As	ssociation				
	<b>Designated Agency Contact</b>	(Name, Title)			1	
	Ken Karns, VP Business Op	perations			□ <b>A</b>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Area Code/Phone Number	E-mail			. Must P	rovide Explanation in Part 3.)
	(714) 708-1500	executive@ocfai	r.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy?	s⊠ No□ F	ace Value of	Each Ticket/Pass \$ 20	0.00
	• •					
	Event Description: Costa N	Provide Title/ Ex	nlanation	Date(s)	<u>/ 12 / 18</u>	
	Ticket(s)/Pass(es) provided			f no. Internati	onal Speedway, Inc.	
	Tioket(a)/T doo(co) provided	by agonoy: Te		. no	Name of Source	
	Was ticket distribution made	e at the behest Ye	s □ No 冈 □	f yes:	Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
	• Use Section A to identify the agen  A. Name of Agency, Dep		Number of Ticket(s)/ Passes	I		suant to the agency's policy
	OCFEC Staff		6	Attracting ar 2.11.3.E.iii.i)		lified employees (Policy
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					nonial Role  Other  Other  Cking "Ceremonial Role" or "Other" de	<del>-</del>
					nonial Role Other king "Ceremonial Role" or "Other" de	_
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
4.	Verification					
	I have read and understand Fl with the requirements.	PPC Regulations 189	944.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance
	Ken Karns Digitally signed by Ken Karns Digitally signed by Ken Karns Dh.c.nKen Karns, ge-OCFEC, or email-t-klarns/glo-Cfair.com, c-U	S	Ken Karns	V	P Business Operation	s 6/16/18
	Signature of Agency Head or Desig	<u> </u>	Print Name		Title	(month, day, year)
	Comment: EC18_09					

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

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1.	Agency Name				Date Stamp	California 802
	California Department of Fo	od & Agriculture				Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	32nd District Agricultural As	sociation				
	<b>Designated Agency Contact</b>	(Name, Title)				
	Ken Karns, VP Business Op	perations			Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (wastro	ovide Explanation in Fait 3.)
	(714) 708-1500	executive@ocfair.c	om		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes [	⊠ No□ F	ace Value of	Each Ticket/Pass \$ <u><sup>5.0</sup></u>	00
	Event Description: OC Nigl	nt Market	Г	12to(s) 5	<u>, 18 , 18</u>	5 , 20 , 18
	Event Description.	Provide Title/ Explar	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [	] No⊠ If	no: <u>626 Nigh</u>	nt Market	
			16		Name of Source	
	Was ticket distribution made	e at the behest Yes [	□ No⊠ <sup>IT</sup>	yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
٠.	• Use Section A to identify the ager	ncy's department or unit. •	Use Section B to i	dentify an individ	ual. • Use Section C to identi	fy an outside organization.
		· -	Number	· 		
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	OCFEC Staff		16	Attracting an	d retaining highly qual	ified employees (Policy
			16	2.11.3.E.iii.i)		
	B. Name of Ind	ividual	Number of Ticket(s)/		Identify one of the fo	allowing:
	(Last, Fir		Passes		identity one of the re	mownig.
				Cerem	nonial Role  Other	Income
				If check	king "Ceremonial Role" or "Other" des	cribe below:
				Cerem	nonial Role  Other	Income
				If check	king "Ceremonial Role" or "Other" des	cribe below:
	C. Name of Outside O	rganization	Number of Ticket(s)/	Describe th	e public purpose made purs	suant to the agency's policy
	(include address and	d description)	Passes	Describe th	e public purpose made purs	dunt to the agency 3 poncy
	•					
4.	Verification					
	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified t	that the distribution set fo	rth above, is in accordance
	Digitally signed by Kon Karns	=Operations,				
	email=kkarns@ocfair.com, c=US   Date: 2017.01.23 16:23:36 -08'00	<u> </u>	n Karns	V	P Business Operations	
	Signature of Agency Head or Design	nee Pr	int Name		Title	(month, day, year)
	Comment: EC18_10					

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

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1.	Agency Name					Date Stamp	California OOO
•	California Department of Fo	ood & Aariculture	ž				Form 802
	Division, Department, or Reg						For Official Use Only
	32nd District Agricultural As	sociation					
	Designated Agency Contact					1	
	Ken Karns, VP Business Op	perations					
	Area Code/Phone Number	E-mail				.   <b>Amendment</b> (Must F	Provide Explanation in Part 3.)
	(714) 708-1500	executive@od	fair c	nm		Date of Original Filing:	
	<u> </u>		nan.o	J111			(month, day, year)
2.	Function or Event Infor	mation				4	0.00
	Does the agency have a tic	ket policy?	Yes 🛭	☑ No 🗆 F	ace Value of	Each Ticket/Pass \$ _1	8.00
	Event Description: Scottish	n Fest			Date(s)5	<u>, 26 , 18 </u>	5 , 27 , 18
		Provide Title	/ Explan	ation			
	Ticket(s)/Pass(es) provided	by agency?	Yes [	] No⊠ I	f no: United S	Scottish Society  Name of Source	
	Was ticket distribution made	at the behast	., F	<del></del> 1	f yes:		
	of agency official?	e at the benest	Yes L	」No⊠ "	1 yos	Official's Name (Last, First)	
	or agency official:						
3.	Recipients						
	• Use Section A to identify the ager	ncy's department or u	nit. •	Use Section B to	identify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Dep	artment or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	rsuant to the agency's policy
	OCFEC Staff			30	Attracting an 2.11.3.E.iii.i)		alified employees (Policy
	B. Name of Ind			Number of Ticket(s)/ Passes		Identify one of the f	following:
						nonial Role Other cking "Ceremonial Role" or "Other" de	_
						nonial Role Other Cking "Ceremonial Role" or "Other" de	
	C. Name of Outside C			Number of Ticket(s)/ Passes	Describe th	e public purpose made pui	rsuant to the agency's policy
<u>-</u>	Verification						
	I have read and understand FF with the requirements.	PPC Regulations	18944.	1 and 18942.	I have verified t	that the distribution set f	orth above, is in accordance
	Ken Karns  Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, or email=kkarns@ocfair.com, c=U	5	Kρ	n Karns	\/	P Business Operation	ns 6/16/18
	Signature of Agency Head or Desig	)'		int Name	v	Title	(month, day, year)
	Commont. EC18_11						
	Comment: ECTO_TT						

	cy Name				Date Stamp	California 802
	rnia Department of Fo					
	on, Department, or Reg					For Official Use Only
	District Agricultural As					
_	nated Agency Contact					
	arns, VP Business Op ode/Phone Number	E-mail			Amendment (Must Provide	e Explanation in Part 3.)
	708-1500	executive@ocfair.c	om		Date of Original Filing:	month, day, year)
Func	tion or Event Infor	<u>∣                                    </u>			`	, ,
Does t	the agency have a ticl	ket policy? Yes [	⊠ No□ F	ace Value of	Each Ticket/Pass \$ 18.00	
Event	Description: Crossro	ads of the West Gun	Show D		<u>, 2 , 18 6</u>	
Ticket	(s)/Pass(es) provided	Provide Title/ Explant by agency? Yes [		no: <u>B &amp; L Pr</u>	roductions, Inc.	
\\/co +:	akat diatributian mad	at the behast we	¬ If	· vee.	Name of Source	
	cket distribution made ency official?	e at the benest Yes [	_  No⊠ "	yes	Official's Name (Last, First)	
	ipients Section A to identify the agen	acy's department or unit. •	Use Section B to i	identify an individ	lual. • Use Section C to identify an	ı outside organization.
A.	Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuan	t to the agency's policy
OCF	FEC Staff		50	Attracting ar 2.11.3.E.iii.i)	nd retaining highly qualified	d employees (Policy
В.	Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the follow	ving:
В.					Identify one of the follow	Income
В.			of Ticket(s)/	If chec	nonial Role  Other	Income Delow:
В.		rganization	of Ticket(s)/	If chec.	nonial Role  Other  or "Other" describe in the second of t	Income below:
_	(Last, Fir	rganization	of Ticket(s)/ Passes  Number of Ticket(s)/	If chec.	nonial Role Other Manager of "Other" describe in the second of the secon	Income [below:
_	Name of Outside O (include address and	rganization	of Ticket(s)/ Passes  Number of Ticket(s)/	If chec.	nonial Role Other Manager of "Other" describe in the second of the secon	Income below:
C. Verifi	Name of Outside O (include address and	rganization I description)	Number of Ticket(s)/ Passes	Ceren If chec	nonial Role Other Manager of "Other" describe in the second of the secon	Income below:  Income to the agency's policy