Agency	/ Name				Date Stamp	California 802
	ia Department of Fo					
	Department, or Reg					For Official Use Only
	strict Agricultural As					
_	ted Agency Contact					
	ns, VP Business Op de/Phone Number	erations E-mail			Amendment (Must Provid	le Explanation in Part 3.)
	08-1500	executive@ocfair.	com		Date of Original Filing:	'month, day, year)
	on or Event Infor					monus, day, year)
	e agency have a tic		⊠ No□ F	ace Value of	Each Ticket/Pass \$ 20.00)
	• •					
Event D	escription:	lesa Speedway Provide Title/ Expla	anation			
		by agency? Yes		no: Internati	onal Speedway, Inc.	
Mag tigl	rat diatribution made	a at the behadt of	If	ves.	Name of Source	
	ncy official?	e at the behest Yes	∐ No⊠ "	yes	Official's Name (Last, First)	
Recip		ncy's department or unit.	lual. • Use Section C to identify a	n outside organization.		
A. Name of Agency, Department or Unit			Number of Ticket(s)/ Passes		e public purpose made pursual	-
OCFE	C Staff		16	Attracting ar 2.11.3.E.iii.i)	nd retaining highly qualifie	ed employees (Policy
В.	Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the follow	wing:
	<u> </u>	,	1 40000		nonial Role Other Other describe	Income D
					nonial Role Other Manager Other O	Income D
C.	C. Name of Outside Organization (include address and description)			Describe the public purpose made pursu		uant to the agency's policy
Verifica						
	ad and understand FF requirements.	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set forth	above, is in accordance
WILLI LITE						

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

Λ	Di	h	ic	\Box	~	me	nŧ
_	$-\mathbf{u}$						

1.	Agency Name				Date Stamp	California 802	
	California Department of Fo					Form OUZ	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	32nd District Agricultural As						
	Designated Agency Contact (Name, Title)					
	Ken Karns, VP Business Op	erations			Amendment (Must Pro	ovide Explanation in Part 3.)	
	Area Code/Phone Number E-mail					, , , , , , , , , , , , , , , , , , , ,	
	(714) 708-1500	executive@ocfair.	com		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>18</u>	.00	
	Event Description: Crossro		n Shows D		<u>, 01 , 19</u>		
	Ticket(s)/Pass(es) provided	•		no B&LPr	oductions, Inc.		
	Tioket(a)/T daa(ea) provided	by agency: 1es		110.	Name of Source		
	Was ticket distribution made	at the behest Yes	□ No⊠ If	yes:	Official's Name (Last, First)		
	of agency official?				Official's Name (Last, First)		
3.	• Use Section A to identify the agen A. Name of Agency, Depart		• Use Section B to i Number of Ticket(s)/ Passes	·	lual. • Use Section C to identi		
	OCEEC Staff	Passes	Attracting or	nd retaining highly gual	ified employees (Policy		
	OOI LO Stall	OCFEC Staff			and retaining highly qualified employees (Policy i)		
	B. Name of Indi	Number of Ticket(s)/		Identify one of the fo	ollowing:		
	(Last, Fire	st)	Passes '		•		
					nonial Role Other Ching "Ceremonial Role" or "Other" des	_	
					nonial Role Other Characteristics (Ceremonial Role" or "Other" descriptions	Income Cribe below:	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
4.	Verification						
	I have read and understand FF with the requirements.	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set fo	rth above, is in accordance	
ŀ	Ken Karns DN: cn=Ken Karns, o=OCFEC, ou- email=kkarns@ocfair.com, c=US	=Operations,	en Karns	\/	P Business Operations	o6/28/2019	
•	Signature of Agency Head or Design		Print Name	<u> </u>	Title	(month, day, year)	
	Comment: EC19_13						

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

Δ	Pu	ıhl	ic	D	00	ım	ent

1.	Agency Name					Date Stamp	California 802			
	California Department of Fo	•	9				Form OUZ			
	Division, Department, or Reg	ion (if applicable)					For Official Use Only			
	32nd District Agricultural As									
	Designated Agency Contact	(Name,Title)								
	Ken Karns, VP Business Op	perations				Amendment (Must Provide Explanation in Part 3.)				
	Area Code/Phone Number E-mail				, , , , , , , , , , , , , , , , , , ,					
	(714) 708-1500	executive@oo	fair.co	om		Date of Original Filing: _	(month, day, year)			
2.	Function or Event Infor	mation								
	Does the agency have a ticl	ket policy?	Yes 🗵	No□ F	ace Value of	Each Ticket/Pass \$ 20	.00			
	Event Description: Costa N					<u>, 08 , 19</u>				
	Event Description.	Provide Title,	/ Explan	ation	vale(s)					
	Ticket(s)/Pass(es) provided				no: Internation	onal Speedway, Inc.				
						Name of Source				
	Was ticket distribution made	e at the behest	Yes []No⊠ ^{If}	yes:	Official's Name (Last, First)				
	of agency official?					,				
3.	• Use Section A to identify the ager		ınit. • (Jse Section B to i		lual. • Use Section C to identi				
	A. Name of Agency, Department or Unit			Passes						
	OCFEC Staff	B. Name of Individual			Attracting an 2.11.3.E.iii.i)	Attracting and retaining highly qualified employees (P 2.11.3.E.iii.i)				
	B. Name of Indi					Identify one of the fo	llowing:			
		,		Passes		nonial Role Other other other description	Income Cribe below:			
						nonial Role Other king "Ceremonial Role" or "Other" desi	Income Income			
	C. Name of Outside O			Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy			
<u>-</u>	Verification		<u>'</u>		-					
	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			
	Kon Karns Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou		17			D Decimen Continue	0/00/0040			
	Signature of Agency Head or Design	<u> </u>		n Karns nt Name	V	P Business Operations Title	6/28/2019 (month, day, year)			
						Hill	(month, day, your)			
	Comment: EC19_14									

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

Δ	Pι	ıhl	lic	Da	CI	ımı	ent

1.	Agency Name		Date Stamp	California 802					
	California Department of Fo		e				Form For Official Use Only		
	Division, Department, or Reg						For Official Ose Offiy		
	32nd District Agricultural As								
	Designated Agency Contact								
	Ken Karns, VP Business Op	perations		Amendment (Must Provide Explanation in Part 3.)					
	Area Code/Phone Number	ea Code/Phone Number E-mail					,		
	(714) 708-1500	executive@o	cfair.c	om		Date of Original Filing:	(month, day, year)		
<u>-</u> 2.	Function or Event Infor	mation			<u> </u>				
	Does the agency have a tic	ket policy?	Yes D	No □ F	ace Value of	Each Ticket/Pass \$ 5	.00		
			100 E						
	Event Description: OC Nigi	Provide Titl	e/ Explan	[nation	Date(s)	<u>, 14 , 19</u>	00 / 10 / 19		
	Ticket(s)/Pass(es) provided				f no: <u>626 Nig</u> l	nt Market			
	., .,.			_	Name of Source				
	Was ticket distribution made	e at the behest	Yes [] No⊠ ^I	f yes:	Official's Name (Last, First)			
	of agency official?					omoraro rvamo (Eddi, r noi)			
3.	• Use Section A to identify the ager A. Name of Agency, Dep.		unit. •	Use Section B to Number of Ticket(s)/	I		tify an outside organization.		
	A. Hame of Agonoy, Bop.								
	OCFEC Staff			32	Attracting an 2.11.3.E.iii.i)	nd retaining highly qualified employees (Policy i)			
	D .	B. Name of Individual (Last, First)				Identify one of the	following:		
						nonial Role Other Cking "Ceremonial Role" or "Other" de	_		
						nonial Role Other Cking "Ceremonial Role" or "Other" de	_		
	C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy			
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 f	orth above, is in accordance		
	Ken Karns Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou enail=kkarns@ocfair.com, c=U09		Ke	n Karns	V	P Business Operation	ns 06/28/2019		
	Signature of Agency Head or Design			int Name		Title	(month, day, year)		
	Comment: EC19_15								