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	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	ea Code/Phone Number				1			
	(714) 708-1500	executive@o	cfair.c	om		Date of Original Filing:	(month, day, year)		
2	Function or Event Infor	mation							
	Does the agency have a tic		Voc F	⊠ No □ F	ace Value of I	Each Ticket/Pass \$ 7	.00		
			168 6						
	Event Description: Gem Fa	Provide Title	<u> </u>						
	Ticket(s)/Pass(es) provided		f no: Gem Fai	ire, Inc.					
	Tionot(o)/T doo(oo) provided	res L				Name of Source			
	Was ticket distribution made	e at the behest	Yes [] No⊠ ^{If}	f yes:	Official's Name (Last, First)			
	of agency official?					Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the agent	· -	unit. •	Number					
	A. Name of Agency, Department or Unit OCFEC Staff Name of Individual (Last, First)			of Ticket(s)/ Descri		e the public purpose made pursuant to the agency's policy			
				2	Attracting an 2.11.3.E.iii.i)	nd retaining highly qualified employees (Policy)			
				Number of Ticket(s)/ Passes		Identify one of the following:			
						nonial Role Other Other king "Ceremonial Role" or "Other" de			
						nonial Role Other cking "Ceremonial Role" or "Other" de	_		
	C. Name of Outside C (include address and			Number of Ticket(s)/ Passes	Describe th	e public purpose made pui	rsuant 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		
	Digitally signed by Ken Karns DN: rp-Ken Karns rp-OCFFC qui-Operations			n Karns	V	P Business Operation	ns 03/27/2020		
	Signature of Agency Head or Desig		Pr	int Name		Title	(month, day, year)		
	Comment: EC20_03								