

**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, Chief Operating Officer			
<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 \$ 71.99

Event Description: Night of Lights Drive Thru light event    Date(s) 12 / 10 / 20    01 / 10 / 20  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: Winter Fun Festivals LLC  
*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	42	Economic or business development purposes on behalf of OCFEC (Policy 5.07.02.E.iii.C)
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
Rubalcava-Garcia, Natalie	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Economic or business development purposes on behalf of OCFEC (Policy 5.07.02.E.iii.C)
La Belle, Doug	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Economic or business development purposes on behalf of OCFEC (Policy 5.07.02.E.iii.C)
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 Print Name	COO Title	2/10/2021 <i>(month, day, year)</i>
Signature of Agency Head or Designee			

Comment: EC20\_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> <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, Chief Operating Officer			
<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 \$ 71.99

Event Description: Night of Lights Drive Thru light event    Date(s) 12 / 10 / 20    01 / 10 / 20  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: Winter Fun Festivals LLC  
*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:
Bagneris, Barbara	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Economic or business development purposes on behalf of OCFEC (Policy 5.07.02.E.iii.C)
Pham, Newton	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Economic or business development purposes on behalf of OCFEC (Policy 5.07.02.E.iii.C)
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.*

Digitally signed by Ken Karns DN: cn=Ken Karns, o=OCFEC, ou=Operations, email=kkarns@ocfair.com, c=US Date: 2017.01.23 16:23:36 -0800'	Ken Karns Print Name	COO Title	2/10/2021 (month, day, year)
Signature of Agency Head or Designee _____			
Comment: <u>EC20_05</u>			