

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
California Department of Food & Agriculture			
Division, Department, or Region (if applicable) Fairs & Expositions / 22nd District Agricultural Association			
Designated Agency Contact (Name, Title) Carlene Moore, Chief Executive Officer			
Area Code/Phone Number 858-755-1161	E-mail info@sdfair.com	<input type="checkbox"/> 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: Oddities & Curiosities Expo Date(s) 1 / 11 / 2025 1 / 12 / 2025  
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
Administration	2	Attracting and retaining employees (Policy 6.01i)
Agriculture, Arts & Education	6	Attracting and retaining employees (Policy 6.01i)


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
Premier Food Services	2	Economic / business development (Policy 6.01c)
2260 Jimmy Durante Blvd, Del Mar, CA 92014		

## 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.

 Carlene Moore Chief Executive Officer 2/28/25  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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

Agency Name

**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
Public Safety	1	Attracting and retaining employees (Policy 6.01i)
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>
		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

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		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 26.85  
Event Description: Jurassic Quest Date(s) 1 / 17 / 2025 1 / 20 / 2025  
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
Ticketing	2	Attracting and retaining employees (Policy 6.01i)
Agriculture, Arts & Education	4	Attracting and retaining employees (Policy 6.01i)
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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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
Miller Consulting	5	Economic / business development (Policy 6.01c)
1155 Camino Del Mar Ste 124, Del Mar, CA 9		

**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.

 Carlene Moore Chief Executive Officer 2/20/25  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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**Agency Report of:  
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Continuation Sheet**

Agency Name

**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.

<b>A.</b>	<b>Name of Agency, Department or Unit</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>
	Production	3	Attracting and retaining employees (Policy 6.01i)
	Sales & Rentals	4	Attracting and retaining employees (Policy 6.01i)
	Finance	4	Attracting and retaining employees (Policy 6.01i)
	Marketing	4	Attracting and retaining employees (Policy 6.01i)

<b>B.</b>	<b>Name of Individual (Last, First)</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Identify one of the following:</b>
			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>
			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>

<b>C.</b>	<b>Name of Outside Organization (include address and description)</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>

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**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 75.00  
Event Description: Bright Eyes Date(s) 1 / 18 / 2025 1 / 18 / 2025  
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:
	Gelfand, Michael	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Business / economic development (Policy 6.01c)
			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

**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.

 Carlene Moore Chief Executive Officer 2/20/25  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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Continuation Sheet

Agency Name

**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
Facilities	16	Attracting and retaining employees (Policy 6.01i)
Public Safety	4	Attracting and retaining employees (Policy 6.01i)

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>
		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

Print

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**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 70.00  
Event Description: Lettuce + GZA Date(s) 1 / 22 / 2024 1 / 22 / 2024  
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.

<b>A.</b>	<b>Name of Agency, Department or Unit</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>
	Marketing	4	Attracting and retaining employees (Policy 6.01i)
<b>B.</b>	<b>Name of Individual (Last, First)</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Identify one of the following:</b>
	Gelfand, Michael	3	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Business / economic development (Policy 6.01c)
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C.</b>	<b>Name of Outside Organization (include address and description)</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>

**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.

 Carlene Moore Chief Executive Officer 2/20/25  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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Designated Agency Contact (Name, Title) Carlene Moore, Chief Executive Officer		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 858-755-1161	E-mail info@sdfair.com		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 65.00

Event Description: Greensky Bluegrass Date(s) 1 / 25 / 2024 1 / 25 / 2024  
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)

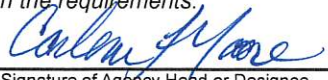
## 3. Recipients

• 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
Administration	2	Attracting and retaining employees (Policy 6.01i)
Facilities	2	Attracting and retaining employees (Policy 6.01i)
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

## 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.

 Carlene Moore Chief Executive Officer 2/28/25  
Signature of Agency Head or Designee Print Name Title (month/day, year)

Comment: \_\_\_\_\_

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Fairs & Expositions / 22nd District Agricultural Association			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Carlene Moore, Chief Executive Officer			
Area Code/Phone Number	E-mail		
858-755-1161	info@sdfair.com		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 15.00

Event Description: San Diego Cat Show Date(s) 1 / 25 / 2025 1 / 26 / 2025

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
	Finance	2	Attracting and retaining employees (Policy 6.01i)
	Agriculture, Arts & Education	6	Attracting and retaining employees (Policy 6.01i)


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"/> If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:

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

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 Carlene Moore Chief Executive Officer 2/20/25  
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Comment: \_\_\_\_\_

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**Agency Report of:  
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Continuation Sheet**

Agency Name

**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.

<b>A.</b>	<b>Name of Agency, Department or Unit</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>
	Public Safety	2	Attracting and retaining employees (Policy 6.01i)

<b>B.</b>	<b>Name of Individual (Last, First)</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Identify one of the following:</b>
			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>
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<b>C.</b>	<b>Name of Outside Organization (include address and description)</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>

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**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 65.00  
Event Description: Dark Star Orchestra Date(s) 1 / 31 / 2024 1 / 31 / 2024  
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)

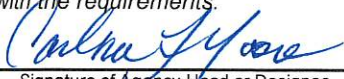
**3. Recipients**

• 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
Marketing	2	Attracting and retaining employees (Policy 6.01i)
Ticketing	2	Attracting and retaining employees (Policy 6.01i)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Gelfand, Michael	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Business / economic development (Policy 6.01c)
		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

**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.

 Carlene Moore Chief Executive Officer 2/28/25  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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