

**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 (if applicable)</b>			
Fairs & Expositions / 22nd District Agricultural Association			
<b>Designated Agency Contact (Name, Title)</b>			
Carlene Moore, Chief Executive Officer			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
858-755-1161	info@sdfair.com	<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 \$ 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.

<b>A. 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>		
Administration	2	Attracting and retaining employees (Policy 6.01i)		
Agriculture, Arts & Education	6	Attracting and retaining employees (Policy 6.01i)		
<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>		
<b>C. 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>		
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.



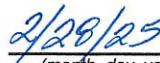
Signature of Agency Head or Designee

Carlene Moore

Print Name

Chief Executive Officer

Title



(month, day, year)

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

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

**California Form 802  
A Public Document**

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> Name of Agency, Department or Unit	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>
Public Safety	1	Attracting and retaining employees (Policy 6.01i)
<b>B.</b> Name of Individual (Last, First)	<b>Number of Ticket(s)/ Passes</b>	<b>Identify one of the following:</b>
		<input type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		<input type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		<input type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		<input type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <i>If checking "Ceremonial Role" or "Other" describe below:</i>
<b>C.</b> Name of Outside Organization (include address and description)	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>

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<b>1. Agency Name</b> California Department of Food & Agriculture <b>Division, Department, or Region (if applicable)</b> Fairs & Expositions / 22nd District Agricultural Association <b>Designated Agency Contact (Name, Title)</b> Carlene Moore, Chief Executive Officer <b>Area Code/Phone Number</b> 858-755-1161 <b>E-mail</b> info@sdfair.com		Date Stamp <b>California Form 802</b> For Official Use Only  <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>
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**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    Provide Title/Explanation Date(s) 1 / 17 / 2025    1 / 20 / 2025

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. 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>		
Ticketing	2	Attracting and retaining employees (Policy 6.01i)		
Agriculture, Arts & Education	4	Attracting and retaining employees (Policy 6.01i)		
<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"/> <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>		
<b>C. 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>		
Miller Consulting	5	Economic / business development (Policy 6.01c)		
1155 Camino Del Mar Ste 124, Del Mar, CA 92048				

**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.

  
Signature of Agency Head or Designee

Carlene Moore

Print Name

Chief Executive Officer

Title

  
2/20/25  
(month, day, year)

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

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Continuation Sheet**

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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> Name of Agency, Department or Unit	<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> Name of Individual (Last, First)	<b>Number of Ticket(s)/ Passes</b>	<b>Identify one of the following:</b>
		<input type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		<input type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		<input type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		<input type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C.</b> Name of Outside Organization (include address and description)	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>

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**1. Agency Name**

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

Date Stamp

California  
Form

**802**

For Official Use Only

**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 \$ 75.00

Event Description: Bright Eyes  
Provide Title/ Explanation Date(s) 1 / 18 / 2025 1 / 18 / 2025

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) of agency official?

**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"/> If checking "Ceremonial Role" or "Other" describe below: Business / economic development (Policy 6.01c)
		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		

**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.

  
Signature of Agency Head or Designee

Carlene Moore

Print Name

Chief Executive Officer

Title

  
(month, day, year)

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

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**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. 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>
Facilities	16	Attracting and retaining employees (Policy 6.01i)
Public Safety	4	Attracting and retaining employees (Policy 6.01i)
<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. 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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<b>Division, Department, or Region (if applicable)</b>			
Fairs & Expositions / 22nd District Agricultural Association			
<b>Designated Agency Contact (Name, Title)</b>			
Carlene Moore, Chief Executive Officer			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
858-755-1161	info@sdfair.com	<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 \$ 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 Yes  No  If yes: \_\_\_\_\_  
*Official's Name (Last, First)*  
of agency official?

**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. 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. 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"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Business / economic development (Policy 6.01c)
		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. 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.



Signature of Agency Head or Designee

Carlene Moore

Print Name

Chief Executive Officer

Title

  
(month, day, year)

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

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<p><b>1. Agency Name</b></p> <p>California Department of Food &amp; Agriculture  <b>Division, Department, or Region (if applicable)</b>            Fairs &amp; Expositions / 22nd District Agricultural Association  <b>Designated Agency Contact (Name, Title)</b>            Carlene Moore, Chief Executive Officer  <b>Area Code/Phone Number</b> 858-755-1161    <b>E-mail</b> info@sdfair.com</p>		<p>Date Stamp</p> <p><b>California Form 802</b>            For Official Use Only</p> <p><input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)</p> <p><b>Date of Original Filing:</b> _____            (month, day, year)</p>
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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: Greensky Bluegrass    *Provide Title/Explanation* Date(s) 1 / 25 / 2024    1 / 25 / 2024

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest Yes  No  If yes: \_\_\_\_\_  
*Official's Name (Last, First)*  
 of agency official?

**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. 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>		
Administration	2	Attracting and retaining employees (Policy 6.01i)		
Facilities	2	Attracting and retaining employees (Policy 6.01i)		
<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>		
<b>C. 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**

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Signature of Agency Head or Designee

Carlene Moore

Print Name

Chief Executive Officer

Title



(month, day, year)

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

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<b>1. Agency Name</b> California Department of Food & Agriculture <b>Division, Department, or Region (if applicable)</b> Fairs & Expositions / 22nd District Agricultural Association <b>Designated Agency Contact (Name, Title)</b> Carlene Moore, Chief Executive Officer <b>Area Code/Phone Number</b> 858-755-1161 <b>E-mail</b> info@sdfair.com		<b>Date Stamp</b> <b>California Form 802</b> <b>For Official Use Only</b>  <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>
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**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    Provide Title/ Explanation Date(s) 1 / 25 / 2025    1 / 26 / 2025

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. 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>		
Finance	2	Attracting and retaining employees (Policy 6.01i)		
Agriculture, Arts & Education	6	Attracting and retaining employees (Policy 6.01i)		
<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"/> <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>
<b>C. 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.

  
Signature of Agency Head or Designee

Carlene Moore

Print Name

Chief Executive Officer

Title

  
(month, day, year)

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

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Continuation Sheet**

**California Form 802**

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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. 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. 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>		
<b>C. 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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Carlene Moore, Chief Executive Officer			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
858-755-1161	info@sdfair.com	<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 \$ 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.

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



Signature of Agency Head or Designee

Carlene Moore

Print Name

Chief Executive Officer

Title



(month, day, year)

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

**Print**

**Clear**