

**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>
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 \$ 185.00

Event Description: Lyle Lovett Date(s) 3 / 5 / 2025 3 / 5 / 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>		
Human Resources	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>		
Gelfand, Michael	4	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 / business development (Policy 6.01c)		
Mead, Kathlyn	4	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 / business development (Policy 6.01c)		
<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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**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>	<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>
Sales & Rentals	2	Attracting and retaining employees (Policy 6.01i)	
Ticketing	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>
			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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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 \$ 65.00

Event Description: Flipturn Provide Title/Explanation Date(s) 3 / 6 / 2025 3 / 6 / 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>		
Sales & Rentals	2	Attracting and retaining employees (Policy 6.01i)		
Agriculture, Arts & Education	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**

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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<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> For Official Use Only  <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ (month, day, year)
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**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 22.50

Event Description: TinyFest *Provide Title/Explanation* Date(s) 3 / 8 / 2025 3 / 9 / 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.

<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>		
Production	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**

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

  
 4/7/2025  
 (month, day, year)

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

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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 \$ 90.00

Event Description: Simon & Garfunkel Story  
Provide Title/Explanation Date(s) 3 / 9 / 2025 3 / 9 / 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)

**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)
<b>B. Name of Individual (Last, First)</b>	<b>Number of Ticket(s)/Passes</b>	<b>Identify one of the following:</b>
Mead, Kathlyn	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Economic / business development (Policy 6.01c)
Mosier, Don	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Economic / business development (Policy 6.01c)
<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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**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 55.00

Event Description: Saint Motel Provide Title/Explanation Date(s) 3 / 12 / 2025 3 / 12 / 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.

<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>		
Human Resources		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"/> <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>		
Sharp Business Systems - sharpusa.com		4	Economic / business development (Policy 6.01c)		

**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

Signature of Agency Head or Designee

Print Name

Chief Executive Officer

Title

  
 4/1/2025  
(month, day, year)

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

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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 \$ 125.00

Event Description: The String Cheese Incident Date(s) 3 / 14 / 2025 3 / 15 / 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 Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First)  
of agency official?

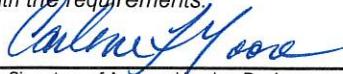
**3. Recipients**

• 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		
Administration	4	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:		
Gelfand, Michael	8	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Economic / business 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.



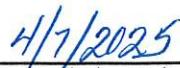
Signature of Agency Head or Designee

Carlene Moore

Print Name

Chief Executive Officer

Title



(month, day, year)

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

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Continuation Sheet**

**California Form 802**

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## 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
Production	2	Attracting and retaining employees (Policy 6.01i)
B. Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
		<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>
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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**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 \$ 25.00

Event Description: San Diego Rocket Con Date(s) 3 / 15 / 2025 3 / 16 / 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)*

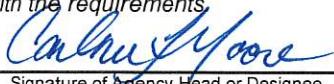
**3. Recipients**

• 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		
Facilities	6	Attracting and retaining employees (Policy 6.01i)		
Agriculture, Arts & Education	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"/> <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		

**4. Verification**

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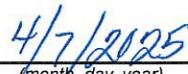
Signature of Agency Head or Designee

Carlene Moore

Print Name

Chief Executive Officer

Title



(month, day, year)

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

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**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	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>
			<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>	<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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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	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 \$ 120.00

Event Description: Todd Rundgren Date(s) 3 / 25 / 2025 3 / 25 / 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)		
Marketing	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>		
Barkett, Lisa	4	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 / business development (Policy 6.01c)		
Schenk, Frederick	4	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 / business development (Policy 6.01c)		
<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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**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>
			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>

**Print**

**Clear**

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

**A Public Document**

<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>

**2. Function or Event Information**

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

Event Description: Off Road Nights Dirt Lifestyle Festival Date(s) 3 / 28 / 2025 3 / 29 / 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)		
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"/> <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>		
Crest Beverage - crestbeverage.com	4	Economic / business development (Policy 6.01c)		

**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**

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

**California 802  
Form  
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>	<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)
	Sales & Rentals	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>
			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>

**Print**

**Clear**

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

**A Public Document**

1. Agency Name		Date Stamp	California Form <b>802</b>
California Department of Food & Agriculture		For Official Use Only	
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	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
858-755-1161	info@sdfair.com	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 \$ 55.00

Event Description: Refused *Provide Title/Explanation* Date(s) 3 / 29 / 2025 3 / 29 / 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		
Agriculture, Arts & Education	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"/> <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		

**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**

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

**A Public Document**

**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 \$ 15.00

Event Description: Pet & Reptile Expo Date(s) 3 / 29 / 2025 3 / 30 / 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 Yes  No  If yes: \_\_\_\_\_  
*Official's Name (Last, First)*  
of agency official?

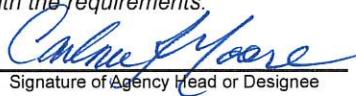
**3. Recipients**

• 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		
Facilities	2	Attracting and retaining employees (Policy 6.01i)		
Production	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"/> <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		

**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

  
4/1/2025  
(month, day, year)

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

**Print**

**Clear**