

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 |
| | | <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 \$ 10.00
Event Description: DMTC Summer Race Meet - August Date(s) 8 / 1 / 2025 8 / 31 / 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)

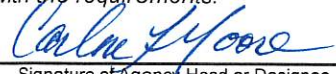
3. Recipients

• 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 | 6 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Economic / business development (Policy 6.01c) |
| Mead, Kathlyn | 6 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Economic / business development (Policy 6.01c) |
| 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 9/11/2025
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Print

Clear

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| California Department of Food & Agriculture | | | |
| Division, Department, or Region (if applicable) | | | |
| Fairs & Expositions / 22nd District Agricultural Association | | | |
| Designated Agency Contact (Name, Title) | | <input type="checkbox"/> Amendment (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 \$ 70.00

Event Description: d4vd Provide Title/Explanation Date(s) 8 / 2 / 2025 8 / 5 / 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)

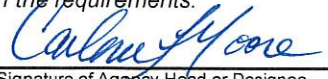
3. Recipients

• 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.

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|--|
| Production | 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"/> <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 |
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2. Function or Event Information

| | | | |
|--|---|--|------------------------------------|
| Does the agency have a ticket policy? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Face Value of Each Ticket/Pass \$ | 59.50 |
| Event Description: <u>Collie Buddz</u> | | Date(s) <u>8</u> / <u>16</u> / <u>2025</u> | <u>8</u> / <u>16</u> / <u>2025</u> |
| <i>Provide Title/Explanation</i> | | | |
| Ticket(s)/Pass(es) provided by agency? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | If no: _____ | |
| | | <i>Name of Source</i> | |
| Was ticket distribution made at the behest of agency official? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If yes: _____ | |
| | | <i>Official's Name (Last, First)</i> | |

• 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.

4. Verification

9/11/2025
(month, day, year)

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 99.00
Event Description: Trampled by Turtles & Shakey Graves Date(s) 8 / 23 / 2025 8 / 24 / 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) |
| Production | 4 | Attracting and retaining employees (Policy 6.01i) |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Mead, Kathlyn | 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> Economic / business 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 |
| Pizza Port - pizzaport.com | 4 | Economic / business development (Policy 6.01c) |
| | | |

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Carlene Moore Carlene Moore Chief Executive Officer 9/11/2025
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| 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: Dilated Peoples _____ Date(s) 8 / 29 / 2025 8 / 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.

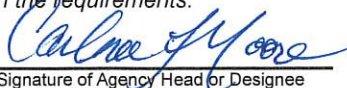
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---------------------------------------|-----------------------------|--|
| Production | 2 | Attracting and retaining employees (Policy 6.01i) |
| Public Safety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