

**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: _____ <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 \$ _____ 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.


Signature of Agency Head or Designee

Carlene Moore

Print Name

Chief Executive Officer

Title

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

Comment: _____

Print

Clear

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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: d4vd Date(s) 8 / 2 / 2025 8 / 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.

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"/>
		<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.

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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 \$ 59.50

Event Description: Collie Buddz Provide Title/Explanation Date(s) 8 / 16 / 2025 8 / 16 / 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		
Administration		2	Attracting and retaining employees (Policy 6.01i)		
Facilities		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		

4. Verification

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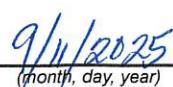
Signature of Agency Head or Designee

Carlene Moore

Print Name

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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 \$ 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)

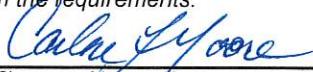
3. Recipients

• 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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Signature of Agency Head or Designee

Carlene Moore

Print Name

Chief Executive Officer

Title



(month, day, year)

Comment: _____

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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)

Carlene Moore, Chief Executive Officer

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 \$ _____ 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 Yes No If yes: _____
Official's Name (Last, First)
of agency official?

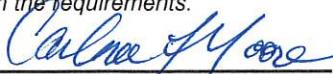
3. Recipients

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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"/> 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:		
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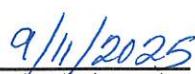
Carlene Moore

Signature of Agency Head or Designee

Print Name

Chief Executive Officer

Title



(month, day, year)

Comment: _____

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