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

A Public Document

California Form 802
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Date Stamp

☐ **Amendment** *(Must Provide Explanation in Part 3.)*
Date of Original Filing: _____ *(month, day, year)*

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)*

Becky Bartling, 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 $ 12.00

Event Description: Foodieland Food Festival *Provide Title/ Explanation*

Date(s) 5/1/26 5/3/26

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	6	Attracting and retaining employees (Policy 6.01i)
Facilities	8	Attracting and retaining employees (Policy 6.01i)
B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
DeBerry, Donna	4	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Economic / business development (Policy 6.01c)
Schenk, Frederick	4	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* 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
Harris & Associates / weareharris.com	2	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	Print Name	Title	(month, day, year)
[signature]	Becky Bartling	Chief Executive Officer	10/14/27

Comment: _____

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Human Resources	2	Attracting and retaining employees (Policy 6.01i)
Production & Entertainment	2	Attracting and retaining employees (Policy 6.01i)
Sales & Rentals	2	Attracting and retaining employees (Policy 6.01i)
Agriculture, Arts & Education	5	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 ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *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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2. Function or Event Information

Does the agency have a ticket policy? Yes ■ No ☐

Face Value of Each Ticket/Pass $ 83.50

Event Description: Alex G *Provide Title/ Explanation*

Date(s) 5/19/26 5/19/26

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
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 ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *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	Becky Bartling Print Name	Chief Executive Officer Title	10/14/27 *(month, day, year)*

Comment: _____

Print **Clear**

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1. Agency Name

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Designated Agency Contact *(Name,Title)*

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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 $ 59.50

Event Description: Collie Buddz *Provide Title/ Explanation*

Date(s) 5/28/26 5/28/26

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 ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *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	Print Name	Title	(month, day, year)
	Becky Bartling	Chief Executive Officer	10/14/27

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 $ 89.50

Event Description: Smino x Saba *Provide Title/ Explanation*

Date(s) 5/30/26 5/30/26

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
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 ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *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	Print Name	Title	(month, day, year)
	Becky Bartling	Chief Executive Officer	10/14/27

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 $ 90.00

Event Description: The Last Dinner Party *Provide Title/ Explanation*

Date(s) 5/31/26 5/31/26

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	2	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 ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Economic / business development (Policy 6.01c)
		Ceremonial Role ☐ Other ☐ Income ☐ *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
Anheuser-Busch / anheuser-busch.com	4	Economic / business development (Policy 6.01c)
Cutwater / cutwaterspirits.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	Print Name	Title	*(month, day, year)*
	Becky Bartling	Chief Executive Officer	10/14/27

Comment: _____

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