

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

RECEIVED MAR 18 2025

NAME OF FILER (LAST) (FIRST) (MIDDLE)
PUTMAN ABIGAIL

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions/ 32nd District Agricultural

EVENT COORDINATOR

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____

Position: _____

2 Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through December 31, 2024.

-or-

The period covered is ____ through December 31, 2024.

☐ **Leaving Office:** Date Left ____ (Check one circle below.)

☐ The period covered is January 1, 2024, through the date of leaving office.

-or-

☐ **Assuming Office:** Date assumed ____ through ____

☐ The period covered is ____ through the date of leaving office.

☐ **Candidate:** Date of Election ____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: **1**

Schedules attached

☐ **Schedule A-1** • Investments - schedule attached

☐ **Schedule C** • Income, Loans, & Business Positions - schedule attached

☒ **Schedule A-2** • Investments - schedule attached

☐ **Schedule D** • Income - Gifts - schedule attached

☐ **Schedule B** - Real Property - schedule attached

☒ **Schedule E** • Income - Gifts - Travel Payments - schedule attached

-or- **III None** • No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed

3/12/25
(month, day, year)

Signature

STATEMENT OF ECONOMIC INTERESTS
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Please type or print in ink.

RECEIVED FEB 12 2025

NAME OF FILER (LAST) (FIRST) (MIDDLE)
LETUA ALFRED

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

DEPUTY MANAGER 1

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

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☐ Other _____

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-or- ☒ **None** - No reportable interests on any schedule

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MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
88 Fair Drive		Costa Mesa	CA	92626
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
[REDACTED]		[REDACTED]		

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(month, day, year)

Signature _____

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Mesick Allen [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Deputy Manager I

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CITY

STATE

ZIP CODE

88 Fair Drive

Costa Mesa

CA

92626

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(month, day, year)

Sign

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Perez-Melchor Ana

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Event Coordinator

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(month, day, year)

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
MARINI ANGEL [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

EVENT COORDINATOR

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Agency: _____ Position: _____

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☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive Costa Mesa CA 92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/13/2025
(month, day, year)

Signature

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Date Initial Filing Received
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RECEIVED MAR 25 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
BAGNERIS BARBARA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

BOARD OF DIRECTORS

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

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The period covered is / / , through
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-or-

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☐ The period covered is / / , through
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☐ **Candidate:** Date of Election and office sought, if different than Part 1:

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► Total number of pages including this cover page: 2

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☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(714) 708-1514

BBAGNERIS@OCFAIRBOARD.COM

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/22/2025

(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name BARBARA BAGNERIS

▶ NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS		
ADDRESS (Business Address Acceptable) PO BOX 10, LAWEEN, AZ 85339		
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 19 / 24	\$ 500	RIDE PASS
01 / 3 / 24	\$ 100	Dinner
	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym) CELEBRATION FESTIVALS LLC		
ADDRESS (Business Address Acceptable) 48 WATERWORKS WAY, IRVINE, CA 92618		
BUSINESS ACTIVITY, IF ANY, OF SOURCE WINTER FEST EVENT PROMOTER		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 16 / 24	\$ 570.00	WINTER FEST TICKETS
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
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RECEIVED MAR 19 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MURRIETA BIANCA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

STAFF SERVICES MANAGER (SUPERVISORY) II

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

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The period covered is / / through
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☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

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-or- ☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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Date Signed

3/19/2025

(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name BIANCA MURRIETA

▶ NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS		
ADDRESS (Business Address Acceptable) PO BOX 10, LAWEEN, AZ 85339		
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 19 / 24	\$ 250	RIDE PASS
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

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ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

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____ / ____ / ____	\$ _____	_____
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BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Aquino Brian [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agricultural Assoc.

Your Position

E& E Event Coordinator

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Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

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MAILING ADDRESS STREET
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88 Fair Drive

CITY

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Date Signed 02/27/2025

(month, day, year)

Signature _____

(File the original _____ official.)

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RECEIVED FEB 28 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gonzalez Carlos

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

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EMAIL ADDRESS

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I certify under penalty of perjury under the laws of the State of California that

Date Signed

02/27/2025
(month, day, year)

Signature

(Filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 18 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Singleton Carol [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Director of Exhibits & Education

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☒ State ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County _____ ☐ County of _____
- ☐ City of _____ ☐ Other _____

3. Type of Statement (Check at least one box)

- ☒ **Annual:** The period covered is January 1, 2024, through December 31, 2024.
- or- The period covered is ____/____/____, through December 31, 2024.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Leaving Office:** Date Left ____/____/____ (Check one circle below.)
- ☐ The period covered is January 1, 2024, through the date of leaving office.
- or- ☐ The period covered is ____/____/____, through the date of leaving office.
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

- ☐ **Schedule A-1 - Investments** – schedule attached ☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached
- ☐ **Schedule A-2 - Investments** – schedule attached ☒ **Schedule D - Income – Gifts** – schedule attached
- ☐ **Schedule B - Real Property** – schedule attached ☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
88 Fair Drive Costa Mesa CA 92626

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
[REDACTED] [REDACTED]

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the [REDACTED]

Date Signed 2/10/2025

(month, day, year)

Signature [REDACTED]

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Carol Singleton

▶ NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS		
ADDRESS (Business Address Acceptable) PO BOX 10, LAVEEN, AZ 85339		
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 19 / 24	\$ 250	RIDE PASS
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 20 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
[REDACTED] Scott Cassandra

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Information Officer I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle below.)

-or-
The period covered is ____/____/____, through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

☐ **Assuming Office:** Date assumed ____/____/____

-or-
☐ The period covered is ____/____/____, through
the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the

Date Signed

2/19/25
(month, day, year)

Signature

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 28 2025

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
GUNST	CHRISTINE	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Deputy Manager 1 - Supervisor, Exhibits

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- | | |
|---|--|
| <input checked="" type="checkbox"/> State | <input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
<i>(Statewide Jurisdiction)</i> |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input type="checkbox"/> City of _____ | <input type="checkbox"/> Other _____ |

3. Type of Statement *(Check at least one box)*

- | | |
|--|--|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2024, through December 31, 2024. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
<i>(Check one circle below.)</i> |
| -or-
The period covered is ____/____/____, through December 31, 2024. | <input type="checkbox"/> The period covered is January 1, 2024, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | -or-
<input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary *(required)*

► **Total number of pages including this cover page:** 1

Schedules attached

- | | |
|--|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
88 Fair Drive		Costa Mesa	CA	92626
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/26/2025

(month, day, year)

Signature

**STATEMENT OF ECONOMIC INTERESTS
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Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 13 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Johner Claudia [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: Deputy Manager I

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle below.)

-or-

The period covered is ____/____/____, through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ **Assuming Office:** Date assumed ____/____/____

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☐ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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I certify under penalty of perjury under the laws of the State of California that

Date Signed 02-13-2025
(month, day, year)

Signature

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**
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Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 28 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Duran Curtney [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Deputy manager 1

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

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December 31, 2024.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle below.)

-or-

The period covered is ____/____/____, through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ **Assuming Office:** Date assumed ____/____/____

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

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I certify under penalty of perjury under the laws of the State of California that the

Date Signed

3/26/25
(month, day, year)

Signature

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 26 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
GAINES JAMES [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

DEPUTY MANAGER II

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle below.)

-or-

The period covered is ____/____/____, through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ **Assuming Office:** Date assumed ____/____/____

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☒ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2/26/25
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
JAMES	GAINES

▶ NAME OF SOURCE (Not an Acronym)		
RAY CAMMACK SHOWS		
ADDRESS (Business Address Acceptable)		
PO BOX 10, LAWEEN, AZ 85339		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
MASTER CARNIVAL OPERATOR		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 19 / 24	\$ 250	RIDE PASS
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 21 2025

Please type or print in ink.

NAME OF FILER (LAST) Sesena (FIRST) David (MIDDLE) 

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agricultural Assoc.

Your Position

EVENT COORDINATOR

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

-or-

The period covered is ____/____/____, through
December 31, 2024.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle below.)

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification


MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
88 Fair Drive		Costa Mesa	CA	92626

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/20/2025
(month, day, year)

Signature  (filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 28 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
JACKSON DIMETRIA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

BOARD OF DIRECTORS

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

-or-

The period covered is ____/____/____, through
December 31, 2024.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle below.)

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ **Assuming Office:** Date assumed ____/____/____

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 5

Schedules attached

☐ **Schedule A-1 - Investments** - schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☒ **Schedule A-2 - Investments** - schedule attached

☒ **Schedule D - Income - Gifts** - schedule attached

☒ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
88 FAIR DRIVE COSTA MESA CA 92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(714) 708-1514

DJACKSON@OCFAIRBOARD.COM

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Date Signed 03/15/2025

(month, day, year)

Signature

(Sign in ink with your filing official.)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name DIMETRIA JACKSON

► 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

_____/_____/24

ACQUIRED

_____/_____/24

DISPOSED

NATURE OF INVESTMENT

☐ Partnership

☐ Sole Proprietorship

_____/_____/_____
Other

YOUR BUSINESS POSITION _____

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

_____/_____/24

ACQUIRED

_____/_____/24

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

► 1. BUSINESS ENTITY OR TRUST

Independent Contractor (spouse)

Name _____

1 League, Ste 60733, Irvine, CA

Address (Business Address Acceptable) _____

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

_____/_____/24

ACQUIRED

_____/_____/24

DISPOSED

NATURE OF INVESTMENT

☐ Partnership

☒ Sole Proprietorship

_____/_____/_____
Other

YOUR BUSINESS POSITION self employed (spouse)

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

_____/_____/24

ACQUIRED

_____/_____/24

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
DIMETRIA JACKSON

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
938-371-52

CITY
Irvine

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
_____/_____/24 ACQUIRED _____/_____/24 DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust | Easement
| Leasehold _____ | _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
☐ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
453-152-51

CITY
Irvine

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:
_____/_____/24 ACQUIRED _____/_____/24 DISPOSED

NATURE OF INTEREST
| Ownership/Deed of Trust | Easement
| Leasehold _____ | _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
☐ None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____ TERM (Months/Years) _____
_____% ☐ None
HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____ TERM (Months/Years) _____
_____% ☐ None
HIGHEST BALANCE DURING REPORTING PERIOD
| \$500 - \$1,000 | \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name DIMETRIA JACKSON

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME Bracy Hawkins Law P.C.	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) 1950 S. Sunwest Ln, Suite 301, San Bernardino, CA	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Law Firm	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION Of Counsel	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD	
<p>* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:</p>	
NAME OF LENDER*	INTEREST RATE
ADDRESS (Business Address Acceptable)	_____ % <input type="checkbox"/> None
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> None <input type="checkbox"/> Personal residence
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Real Property _____ Street address
<input type="checkbox"/> \$1,001 - \$10,000	City
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____ (Describe)
Comments: _____	

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name DIMETRIA JACKSON

▶ NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS		
ADDRESS (Business Address Acceptable) PO BOX 10, LAVEEN, AZ 85339		
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 19 24 ____/____/____	500 \$ _____	RIDE PASS _____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym) SOCAL VEGFEST		
ADDRESS (Business Address Acceptable) 17426 Studebaker Rd, Cerritos, CA 90703		
BUSINESS ACTIVITY, IF ANY, OF SOURCE EVENT PROMOTER		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 26-27 24 ____/____/____	60 \$ _____	SOCAL VEGFEST TICKETS _____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym) CELEBRATION FESTIVALS LLC		
ADDRESS (Business Address Acceptable) 48 WATERWORKS WAY, IRVINE, CA 92618		
BUSINESS ACTIVITY, IF ANY, OF SOURCE WINTER FEST EVENT PROMOTER		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 16 24 ____/____/____	570.00 \$ _____	WINTER FEST TICKETS _____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 25 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
De Guzman Don Michiko

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Event Coordinator

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

☐ **Leaving Office:** Date Left / /
(Check one circle below.)

-or-

The period covered is / / , through
December 31, 2024.

The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

☐ The period covered is / / , through
the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the

Date Signed

3/19/25
(month, day, year)

Signature

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 27 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
LA BELLE DOUGLAS

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

BOARD OF DIRECTORS

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

-or-

The period covered is / through
December 31, 2024.

☐ **Leaving Office:** Date Left / /
(Check one circle below.)

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

☐ The period covered is / / through
the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 20

Schedules attached

☒ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☒ **Schedule B - Real Property** – schedule attached

☒ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
88 FAIR DRIVE		COSTA MESA	CA	92626
DAYTIME TELEPHONE NUMBER (714) 708-1514		EMAIL ADDRESS DLABELLE@OCFAIRBOARD.COM		

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed

3/23/2025
(month, day, year)

Signature

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

*Investments must be itemized.**Do not attach brokerage or financial statements.***CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS LA BELLE

▶ NAME OF BUSINESS ENTITY

Jack in the Box

GENERAL DESCRIPTION OF THIS BUSINESS

Fast Food Restaurants

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / **24** **6** / **6** / **24**
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Delta Airlines

GENERAL DESCRIPTION OF THIS BUSINESS

Airline

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / **24** **6** / **6** / **24**
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

General Motors

GENERAL DESCRIPTION OF THIS BUSINESS

Automobile Manufacturer

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / **24** **5** / **30** / **24**
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Hyatt Hotels

GENERAL DESCRIPTION OF THIS BUSINESS

Hotels

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / **24** **6** / **24** / **24**
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Johnson and Johnson

GENERAL DESCRIPTION OF THIS BUSINESS

Health care products

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / **24** **6** / **23** / **24**
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Union Pacific

GENERAL DESCRIPTION OF THIS BUSINESS

Railroad

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / **24** **5** / **28** / **24**
ACQUIRED DISPOSED**Comments:** Sold 50 shares: Jack in the Box 6/11/24. sold Sold 50 shares: Delta Airlines 6/13/24

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS LA BELLE

▶ NAME OF BUSINESS ENTITY

Wells Fargo

GENERAL DESCRIPTION OF THIS BUSINESS

Bank

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 6/6/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Bank of America

GENERAL DESCRIPTION OF THIS BUSINESS

Bank

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 6/10/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Broadcom

GENERAL DESCRIPTION OF THIS BUSINESS

Chip Manufacturer

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 6/10/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

American Airlines

GENERAL DESCRIPTION OF THIS BUSINESS

Airline

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 5/28/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Tootsie Roll

GENERAL DESCRIPTION OF THIS BUSINESS

Candy Manufacturer

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 5/28/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

IBM

GENERAL DESCRIPTION OF THIS BUSINESS

Business Machines

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 5/28/24
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS LA BELLE

▶ NAME OF BUSINESS ENTITY
Restaurant Brands

GENERAL DESCRIPTION OF THIS BUSINESS
Restaurants

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/24 5/24/24
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Visa

GENERAL DESCRIPTION OF THIS BUSINESS
Banking Services

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/24 _____/_____/24
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
General Dynamics

GENERAL DESCRIPTION OF THIS BUSINESS
Aerospace

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/24 6/11/24
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Gencora (Anersource Bergen)

GENERAL DESCRIPTION OF THIS BUSINESS
PHARMA

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/24 _____/_____/24
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
RTX Raytheon

GENERAL DESCRIPTION OF THIS BUSINESS
Air Defense Systems

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 6/16/24 _____/_____/24
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Skyworks Solutions Inc.Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Computer Chips

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/24 _____/_____/24
 ACQUIRED DISPOSED

Comments: Rest. Brands sold 64 shares 5/24. RTX Bought 20 shares 6/16. GD Sold 20 shares 6/1

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS LA BELLE

▶ NAME OF BUSINESS ENTITY

Moudelez International Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Food processing

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 5/28/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Cisco Systems

GENERAL DESCRIPTION OF THIS BUSINESS

Computer Systems

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 6/3/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Jack in The Box

GENERAL DESCRIPTION OF THIS BUSINESS

Fast Food Restsaurants

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 6/11/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Pepsi Co.

GENERAL DESCRIPTION OF THIS BUSINESS

Soft Drinks and Food Products

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 6/17/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Wendys

GENERAL DESCRIPTION OF THIS BUSINESS

Fast Food Restaurants

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 6/11/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Coca Cola Co.

GENERAL DESCRIPTION OF THIS BUSINESS

Soft Drink Manufacturer

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 5/28/24
ACQUIRED DISPOSED

Comments: Pepsi sold all but 50 shares

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS LA BELLE

▶ NAME OF BUSINESS ENTITY

Penske Automotive

GENERAL DESCRIPTION OF THIS BUSINESS

Automobile Sales

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/24 ____/____/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Home Depot

GENERAL DESCRIPTION OF THIS BUSINESS

Home Improvement

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/24 ____/____/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Lockheed Martin

GENERAL DESCRIPTION OF THIS BUSINESS

Aero Space

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

6/10/24 ____/____/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

META (Facebook)

GENERAL DESCRIPTION OF THIS BUSINESS

Computer Services

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/24 ____/____/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Caterpillar Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Industrial Machinery

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/24 ____/____/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Lithia Motors

GENERAL DESCRIPTION OF THIS BUSINESS

Automobile Franchise

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/24 ____/____/24
ACQUIRED DISPOSED

Comments: Bought 5 shares Lockheed Martin 6/10"

SCHEDULE A-1
Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS LA BELLE

▶ NAME OF BUSINESS ENTITY

Walt Disney Holdings

GENERAL DESCRIPTION OF THIS BUSINESS

Theme Parks/Entertainment

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 2/23/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Duke Energy

GENERAL DESCRIPTION OF THIS BUSINESS

Electric Utility

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 5/20/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

McDonalds Restaurants

GENERAL DESCRIPTION OF THIS BUSINESS

Fast Food Restaurants

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 5/28/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Chevron

GENERAL DESCRIPTION OF THIS BUSINESS

Petroleum Products

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 2/23/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Molson/Coors

GENERAL DESCRIPTION OF THIS BUSINESS

Beer Production

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 5/28/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Southwest Airlines

GENERAL DESCRIPTION OF THIS BUSINESS

Airline

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 5/28/24
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS LA BELLE

▶ NAME OF BUSINESS ENTITY

Amazon

GENERAL DESCRIPTION OF THIS BUSINESS

Internet Retail Services

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

6 / 12 / 24 / / 24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Bristol Meyers Squibb Co.

GENERAL DESCRIPTION OF THIS BUSINESS

Biotech

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ / 24 5 / 20 / 24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Walmart Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Retail Sales

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ / 24 / / 24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Sarepta Therapeutics

GENERAL DESCRIPTION OF THIS BUSINESS

Precision Generic Medicine

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

6 / 25 / 24 12 / 10 / 24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Manulife Financial Corp.

GENERAL DESCRIPTION OF THIS BUSINESS

Financial Services

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ / 24 2 / 26 / 24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Kenvue Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Retail Health care Products

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ / 24 6 / 17 / 24
ACQUIRED DISPOSED

Comments: Amazon Buy 6/2,6/13,7/25,8/15,11/15 1955 shares Tot. Bristol Meyers sold 50 shares

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

*Investments must be itemized.**Do not attach brokerage or financial statements.***CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS LA BELLE

▶ NAME OF BUSINESS ENTITY

Netflix

GENERAL DESCRIPTION OF THIS BUSINESS

Entertainment Streaming service

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

12/19/24 _____/_____/_____
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Google

GENERAL DESCRIPTION OF THIS BUSINESS

Internet Social Media Platform

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

6/10/24 _____/_____/_____
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Costco

GENERAL DESCRIPTION OF THIS BUSINESS

Membership Retail Sales

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

5/11/24 _____/_____/_____
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Lennar Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Developer/ Commercial & Residential Property

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

4/12/24 _____/_____/_____
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/_____
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/_____
ACQUIRED DISPOSED**Comments:** Costco Bought 5/11, 6/16, 6/20, 59 shares Tot. Lennar Bought 4/12, 6/25 41 shares Total

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

*Investments must be itemized.**Do not attach brokerage or financial statements.***CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS LA BELLE▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/24 ____/____/24
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/24 ____/____/24
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/24 ____/____/24
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY****Apple Inc.**

GENERAL DESCRIPTION OF THIS BUSINESS

Computer Systems

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

6/18/24 7/29/24
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/24 ____/____/24
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/24 ____/____/24
ACQUIRED DISPOSED

Comments: Apple Buy 6/18,6/20 50 shares Tot. Sell 7/29 50 shares.

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS LA BELLE

► NAME OF BUSINESS ENTITY
Advanced Micro Devices

GENERAL DESCRIPTION OF THIS BUSINESS
Semiconductor Devices

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
2 / 26 / 24 12 / 10 / 24
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Crowdstrike Holdings Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Cybersecurity Company

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
2 / 26 / 24 7 / 25 / 24
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Intel Corp.

GENERAL DESCRIPTION OF THIS BUSINESS
Computer Hardware & Software

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
2 / 28 / 24 7 / 10 / 24
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____ / ____ / 24 ____ / ____ / 24
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____ / ____ / 24 ____ / ____ / 24
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____ / ____ / 24 ____ / ____ / 24
 ACQUIRED DISPOSED

Comments: Crowd Buy 2/28,5/24 30 Shs.7/25 sell 75 Shs. intel Buy 2/26 60 Shs.Sell 7/18 100 Shs.

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS LA BELLE

► NAME OF BUSINESS ENTITY
Dell

GENERAL DESCRIPTION OF THIS BUSINESS
Computer Sysrems

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
5 / 30 / 24 7 / 18 / 24
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Pfizer

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmacy

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
2 / 24 / 24 12 / 14 / 24
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____ / ____ / 24 ____ / ____ / 24
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____ / ____ / 24 ____ / ____ / 24
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____ / ____ / 24 ____ / ____ / 24
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____ / ____ / 24 ____ / ____ / 24
 ACQUIRED DISPOSED

Comments: Dell Buy 5/30 75 shares Sell 7/18 75 shares.Pfi. Buy 2/24,6/10,8/20 240 shares, 12/14 sell 200

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name

DOUGLAS LA BELLE

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/24 ____/____/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/24 ____/____/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/24 ____/____/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Novo-Nordisk

GENERAL DESCRIPTION OF THIS BUSINESS

PHARMA

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

2/26/24 ____/____/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/24 ____/____/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/24 ____/____/24
ACQUIRED DISPOSED

Comments: Nordisk Buy 2/26,3/18,6/14, 8/20 60 shares Total

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS LA BELLE

▶ NAME OF BUSINESS ENTITY
Eli Lilly Corp.

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
6 / 5 / 24 / / 24
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 24 / / 24
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 24 / / 24
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Advanced Micro Devices

GENERAL DESCRIPTION OF THIS BUSINESS
Computer Processors

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
2 / 26 / 24 7 / 11 / 24
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Intel Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Computer Software

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
2 / 26 / 24 7 / 18 / 24
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Amngen

GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare/Pharma

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
6 / 10 / 24 / / 24
 ACQUIRED DISPOSED

Comments: Amngen Buy 6/10 shares.Lilly Buy 6/5,10,14,26,7/26 1160 shares Tot.

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS LA BELLE

NAME OF BUSINESS ENTITY

Palantir Trchnologies

GENERAL DESCRIPTION OF THIS BUSINESS

Software Platforms

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe) _____
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

6/6/24 ACQUIRED / /24 DISPOSED

NAME OF BUSINESS ENTITY

Microsoft

GENERAL DESCRIPTION OF THIS BUSINESS

Computer Ware

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe) _____
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

6/14/24 ACQUIRED / /24 DISPOSED

NAME OF BUSINESS ENTITY

General Mills

GENERAL DESCRIPTION OF THIS BUSINESS

Food sales and Manufacturing

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe) _____
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ /24 ACQUIRED 6/6/24 DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other (Describe) _____
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ /24 ACQUIRED / /24 DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other (Describe) _____
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ /24 ACQUIRED / /24 DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other (Describe) _____
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ /24 ACQUIRED / /24 DISPOSED

Comments:

Palantir 6/6, 6/26 250 shares Tot. Microsoft 6/14 25 Shares. Gen. Mills 6/6, 6/17 175 shares Tot.

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS LA BELLE

► NAME OF BUSINESS ENTITY
Occidental Petroleum

GENERAL DESCRIPTION OF THIS BUSINESS
Petroleum Products

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/24 5/29/24
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Invidia

GENERAL DESCRIPTION OF THIS BUSINESS
Computer chips

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 2/26/24 7/24/24
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/24 ____/____/24
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/24 ____/____/24
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/24 ____/____/24
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/24 ____/____/24
 ACQUIRED DISPOSED

Comments: Invidia Buy 2/26,5/24,528,615 50 shares Total. Sold 7/24 240 shares.Oxy sold 5/29,5/30 340 shares Tot.

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name DOUGLAS LA BELLE

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME Apple Inc.	NAME OF SOURCE OF INCOME Microsoft Corp.
ADDRESS (Business Address Acceptable) Apple Parkway Cupertino CA	ADDRESS (Business Address Acceptable) Microsoft Campus Redmond Washigton
BUSINESS ACTIVITY, IF ANY, OF SOURCE Computer Manufacturer	BUSINESS ACTIVITY, IF ANY, OF SOURCE Computer Tech
YOUR BUSINESS POSITION Stockholder	YOUR BUSINESS POSITION Stockholder
GROSS INCOME RECEIVED <input checked="" type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input checked="" type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____% <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	Street address
_____		City
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name DOUGLAS LA BELLE

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME Gencora Amersourcree Bergen	NAME OF SOURCE OF INCOME Lennar Corp.
ADDRESS (Business Address Acceptable) Conshohocken, 1 West 1st Ave. PA	ADDRESS (Business Address Acceptable) Lennar Corp. Waterford District Dr. Miami
BUSINESS ACTIVITY, IF ANY, OF SOURCE Global HealthCompany	BUSINESS ACTIVITY, IF ANY, OF SOURCE Residential Developer Financial Services
YOUR BUSINESS POSITION Stockholder	YOUR BUSINESS POSITION Stockholder
GROSS INCOME RECEIVED <input checked="" type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input checked="" type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____% <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	Street address
_____		City
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: _____

SCHEDULE D

Income – Gifts

<div> <div>NAME OF SOURCE (Not an Acronym)</div> <div>RAY CAMMACK SHOWS</div> <div>ADDRESS (Business Address Acceptable)</div> <div>PO BOX 10, LAWEEN, AZ 85339</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div>MASTER CARNIVAL OPERATOR</div> </div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>07/19/24</td> <td>500</td> <td>RIDE PASS</td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	07/19/24	500	RIDE PASS	/ /	\$		/ /	\$		<div> <div>NAME OF SOURCE (Not an Acronym)</div> <div>CELEBRATION FESTIVALS LLC</div> <div>ADDRESS (Business Address Acceptable)</div> <div>48 WATERWORKS WAY, IRVINE, CA 92618</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div>WINTER FEST EVENT PROMOTER</div> </div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>12/16/24</td> <td>570.00</td> <td>WINTER FEST TICKETS</td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	12/16/24	570.00	WINTER FEST TICKETS	/ /	\$		/ /	\$				
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																										
07/19/24	500	RIDE PASS																										
/ /	\$																											
/ /	\$																											
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																										
12/16/24	570.00	WINTER FEST TICKETS																										
/ /	\$																											
/ /	\$																											
<div> <div>NAME OF SOURCE (Not an Acronym)</div> <div>Boys Republic</div> <div>ADDRESS (Business Address Acceptable)</div> <div>1907 Boys Republic Drive Chino Hills CA</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div>Group Home Operator</div> </div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>12/1/24</td> <td>80.95</td> <td>Holiday Wreath</td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	12/1/24	80.95	Holiday Wreath	/ /	\$		/ /	\$		<div> <div>NAME OF SOURCE (Not an Acronym)</div> <div>BVW LLC</div> <div>ADDRESS (Business Address Acceptable)</div> <div>17 Goddard Ave, Irvine CA 92678</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div>CPA</div> </div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>9/1/24</td> <td>298</td> <td>Wine/Omaha</td> </tr> <tr> <td>9/1/24</td> <td></td> <td>Steak Package</td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	9/1/24	298	Wine/Omaha	9/1/24		Steak Package	/ /	\$		/ /	\$	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																										
12/1/24	80.95	Holiday Wreath																										
/ /	\$																											
/ /	\$																											
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																										
9/1/24	298	Wine/Omaha																										
9/1/24		Steak Package																										
/ /	\$																											
/ /	\$																											
<div> <div>NAME OF SOURCE (Not an Acronym)</div> <div></div> <div>ADDRESS (Business Address Acceptable)</div> <div></div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div></div> </div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	/ /	\$		/ /	\$		/ /	\$		<div> <div>NAME OF SOURCE (Not an Acronym)</div> <div></div> <div>ADDRESS (Business Address Acceptable)</div> <div></div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div></div> </div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	/ /	\$		/ /	\$		/ /	\$				
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																										
/ /	\$																											
/ /	\$																											
/ /	\$																											
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																										
/ /	\$																											
/ /	\$																											
/ /	\$																											

Comments:

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 21 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gonzalez Edward

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Deputy Manager I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

-or-

The period covered is / through
December 31, 2024.

☐ **Leaving Office:** Date Left / /
(Check one circle below.)

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ The period covered is / through
the date of leaving office.

☐ **Assuming Office:** Date assumed / /

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
88 Fair Drive Costa Mesa CA 92626

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed Feb. 19, 2025
(month, day, year)

Signature Filing official)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 21 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
ESTRADA Eni

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

EVENT COORDINATOR

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

-or-

The period covered is ____/____/____, through
December 31, 2024.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle below.)

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-or-

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☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

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☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

88 Fair Drive

Costa Mesa

CA

92626

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2-16-2025
(month, day, year)

Signature

STATEMENT OF ECONOMIC INTERESTS
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A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 19 2025

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Nunez Evelyn

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Information Specialist

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through December 31, 2024.

☐ **Leaving Office:** Date Left _____
(Check one circle below.)

-or-

The period covered is _____ through December 31, 2024.

☐ The period covered is January 1, 2024, through the date of leaving office.

-or-

☐ **Assuming Office:** Date assumed _____

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4. Schedule Summary (required)

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☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income - Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2/19/25

(month, day, year)

Signature

STATEMENT OF ECONOMIC INTERESTS
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Young Evy

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

DEPUTY MANAGER II

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

☐ **Leaving Office:** Date Left / /
(Check one circle below.)

-or-

The period covered is / / , through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

☐ The period covered is / / , through
the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the

Date Signed February 10, 2025

(month, day, year)

Signature

SCHEDULE D
Income – Gifts

Name

Evy Young

► NAME OF SOURCE (Not an Acronym)

RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)

PO BOX 10, LAWEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

7 / 19 / 24 \$ 250 RIDE PASS

 / / \$

 / / \$

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

 / / \$

 / / \$

 / / \$

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

 / / \$

 / / \$

 / / \$

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

 / / \$

 / / \$

 / / \$

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

 / / \$

 / / \$

 / / \$

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

 / / \$

 / / \$

 / / \$

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
LEARY FRANCES

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

EVENT COORDINATOR

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

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December 31, 2024.

☐ **Leaving Office:** Date Left / /
(Check one circle below.)

-or-

The period covered is / / , through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

☐ The period covered is / / , through
the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☒ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2-11-2025
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name FRANCES LEARY

▶ NAME OF SOURCE (Not an Acronym)		
Lopez Works, Inc.		
ADDRESS (Business Address Acceptable)		
21195 Prairie View Ln., Trabuco Canyon, CA 92679		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Waste collection / parking lot sweeping		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/20/24	\$ 150	gift card
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 18 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Vail Garret

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Event Coordinator

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
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☐ **Leaving Office:** Date Left / /
(Check one circle below.)

-or-

The period covered is / / , through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

☐ The period covered is / / , through
the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☐ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the

Date Signed 2/18/25

(month, day, year)

Signature

(Sign with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 28 2025

Please type or print in ink.

NAME OF FILER (LAST) Luna (FIRST) Idren 

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Event Coordinator

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2024, through
December 31, 2024.

☐ Leaving Office: Date Left ____/____/____
(Check one circle below.)

-or-

The period covered is ____/____/____, through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the

Date Signed

2/27/25
(month, day, year)

Signature

(official)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 26 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Sanchez Jannet

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Facility Marketing Representative

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through December 31, 2024.

☐ **Leaving Office:** Date Left / /
(Check one circle below.)

-or-

The period covered is / / , through December 31, 2024.

The period covered is January 1, 2024, through the date of leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

☐ The period covered is / / , through the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income - Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed February 24, 2025
(month, day, year)

Signature _____
(with your filing official.)

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Jannet Sanchez

▶ NAME OF SOURCE (Not an Acronym)		
Segerstrom Center for the Arts		
ADDRESS (Business Address Acceptable)		
600 Town Center Dr, Costa Mesa, CA 92626		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08_06_24	\$ 145	Show ticket
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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Date Initial Filing Received
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RECEIVED FEB 26 2025

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NAME OF FILER (LAST) (FIRST)
Jacobsen Jason

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

DEPUTY MANAGER II

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2024, through
December 31, 2024.

☐ Leaving Office: Date Left / /
(Check one circle below.)

-or-

The period covered is / / through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ Assuming Office: Date assumed / /

☐ The period covered is / / through
the date of leaving office.

☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained
herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/18/2025

(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>JASON JACOBSEN</u>

▶ NAME OF SOURCE (Not an Acronym) <u>RAY CAMMACK SHOWS</u>		
ADDRESS (Business Address Acceptable) <u>PO BOX 10, LAWEEN, AZ 85339</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>MASTER CARNIVAL OPERATOR</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 19 / 24</u>	<u>\$ 250</u>	<u>RIDE PASS</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Willson Jeffrey [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Deputy Manager I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle below.)

-or-

The period covered is ____/____/____, through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ **Assuming Office:** Date assumed ____/____/____

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income - Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed the best of my knowledge and the best of my information herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/10/25

(month, day, year)

Signature Jeffrey Willson

(File the originally signed)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 11 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
ELDRIDGE JERRY [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

CHIEF PLANT OPERATIONS III

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle below.)

-or-

The period covered is ____/____/____, through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ **Assuming Office:** Date assumed ____/____/____

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☒ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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I certify under penalty of perjury under the laws of the State of California that I

Date Signed

02/11/2025
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Jerry Eldridge

► NAME OF SOURCE (Not an Acronym)

RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)

PO BOX 10, LAWEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

7 / 19 / 24	\$ 250	RIDE PASS
-------------	--------	-----------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

Lopez Works, Inc.

ADDRESS (Business Address Acceptable)

21195 Prairie View Ln., Trabuco Canyon, CA 92679

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Waste collection / parking lot sweeping

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

12 / 16 / 24	\$ 150	gift card
--------------	--------	-----------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

Oak View Group

ADDRESS (Business Address Acceptable)

88 Fair Drive, Costa Mesa, CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Master Concessionaire

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

12 / 16 / 24	\$ 150	food
--------------	--------	------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

Comments:

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 14 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)
Lara Jesus

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Staff Services Manager I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2024, through
December 31, 2024.

☐ Leaving Office: Date Left / /
(Check one circle below.)

-or-

The period covered is / / , through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ Assuming Office: Date assumed / /

☐ The period covered is / / , through
the date of leaving office.

☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page:

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☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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I certify under penalty of perjury under the laws of the State of California that

Date Signed February 12, 2025
(month, day, year)

Signature

(with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 13 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Umali Jose

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position: Event Coordinator

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

-or-

The period covered is / / , through
December 31, 2024.

☐ **Leaving Office:** Date Left / /
(Check one circle below.)

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ The period covered is / / , through
the date of leaving office.

☐ **Assuming Office:** Date assumed / /

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

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☐ **Schedule A-2 - Investments** - schedule attached

☐ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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I certify under penalty of perjury under the laws of the State of California that the

Date Signed

2/13/25
(month, day, year)

Signature

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 10 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)
Svensson Johanna

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Deputy Manager I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through December 31, 2024.

☐ **Leaving Office:** Date Left / /
(Check one circle below.)

-or-

The period covered is / /, through December 31, 2024.

☐ The period covered is January 1, 2024, through the date of leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

☐ The period covered is / /, through the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☐ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
88 Fair Drive Costa Mesa CA 92626

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 02/10/2025

(month, day, year)

Signature

(your filing official)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 11 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
GONZALEZ JOHN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

DEPUTY MANAGER I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2024, through
December 31, 2024.

☐ Leaving Office: Date Left / /
(Check one circle below.)

-or-

The period covered is / / , through
December 31, 2024.

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leaving office.

-or-

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☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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I certify under penalty of perjury under the laws of the State of California that

Date Signed

2/11/25
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name JOHN GONZALEZ

<p>► NAME OF SOURCE <i>(Not an Acronym)</i> Lopez Works, Inc.</p> <p>ADDRESS <i>(Business Address Acceptable)</i> 21195 Prairie View Ln., Trabuco Canyon, CA 92679</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE Waste collection / parking lot sweeping</p> <table><thead><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr></thead><tbody><tr><td>12/20/24</td><td>\$ 150</td><td>gift card</td></tr><tr><td>/ /</td><td>\$</td><td></td></tr><tr><td>/ /</td><td>\$</td><td></td></tr></tbody></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	12/20/24	\$ 150	gift card	/ /	\$		/ /	\$		<p>► NAME OF SOURCE <i>(Not an Acronym)</i></p> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <table><thead><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr></thead><tbody><tr><td>/ /</td><td>\$</td><td></td></tr><tr><td>/ /</td><td>\$</td><td></td></tr><tr><td>/ /</td><td>\$</td><td></td></tr></tbody></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	/ /	\$		/ /	\$		/ /	\$	
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/ /	\$																								
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/ /	\$																								
/ /	\$																								
/ /	\$																								

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 21 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Oh Justin

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Event Coordinator

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
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☐ **Leaving Office:** Date Left ____/____/_____
(Check one circle below.)

-or-

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-or-

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☐ **Schedule A-1 - Investments** – schedule attached

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☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

HOME ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge that

I certify under penalty of perjury under the laws of the State of California

Date Signed February 20, 2025

(month, day, year)

Signature

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 11 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
HOLBROOK KEITH

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

CHIEF PLANT OPERATIONS I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

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-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

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I certify under penalty of perjury under the laws of the State of California

Date Signed 2/11/25
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

Name
KEITH HOLBROOK

► NAME OF SOURCE (Not an Acronym)

Lopez Works, Inc.

ADDRESS (Business Address Acceptable)

21195 Prairie View Ln., Trabuco Canyon, CA 92679

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Waste collection / parking lot sweeping

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/20/24	\$ 150	gift card
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
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Date Initial Filing Received
Filing Official Use Only

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
VU KELLY

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

DEPUTY MANAGER I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

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☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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I certify under penalty of perjury under the laws of the State of California that

Date Signed

3/12/25
(month, day, year)

Signature

3/12/25
(by your filing official)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 18 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
KARNS KEN [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

CAREER EXECUTIVE ASSIGNMENT

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

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-or- ☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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I certify under penalty of perjury under the laws of the State of California that

Date Signed

2-18-2025
(month, day, year)

Signature

(Official)

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name KEN KARNIS

▶ NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS		
ADDRESS (Business Address Acceptable) PO BOX 10, LAVEEN, AZ 85339		
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 19 / 24	\$ 250	RIDE PASS
1 / 3 / 24	\$ 100	DINNER
12 / 20 / 24	\$ 100	Dinner

▶ NAME OF SOURCE (Not an Acronym) OAK VIEW GROUP		
ADDRESS (Business Address Acceptable) 88 FAIR DRIVE, COSTA MESA, CA 92626		
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CONCESSIONAIRE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 4 / 24	\$ 125	DINNER
12 / 3 / 24	\$ 100	Dinner
	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

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ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 12 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Merati Kimber

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Event Coordinator

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through December 31, 2024.

-or-

The period covered is / / , through December 31, 2024.

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(Check one circle below.)

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☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

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☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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I certify under penalty of perjury under the laws of the State of California that

Date Signed March 11, 2025

(month, day, year)

Signature

(Filing Official)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 28 2025

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

(MIDDLE)

SABUNJIAN

KRYSTLE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, If applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: 32ND DISTRICT

Position: EVENT COORDINATOR

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

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-or-

☐ Assuming Office: Date assumed / /

☐ The period covered is / / through
the date of leaving office.

☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/19/2025

(month, day, year)

Signature

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 10 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Cardona Laura

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Business Service Officer I (Spec)

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2024, through
December 31, 2024.

☐ Leaving Office: Date Left / /
(Check one circle below.)

-or-

The period covered is / / , through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ Assuming Office: Date assumed / /

☐ The period covered is / / , through
the date of leaving office.

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4. Schedule Summary (required)

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☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing

Date Signed

2/10/2025

(month, day, year)

Signature

(Filing Official Use Only)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 19 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Keasberry Linda [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Supervisor, Deputy Manager 1

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2024, through
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☐ Leaving Office: Date Left / /
(Check one circle below.)

-or-

The period covered is / / , through
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| | The period covered is January 1, 2024, through the date of
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-or-

☐ Assuming Office: Date assumed / /

☐ The period covered is / / , through
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-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/19/2025

(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name _____	
Linda _____	Keasberry

▶ NAME OF SOURCE (Not an Acronym)		
Lopez Works		
ADDRESS (Business Address Acceptable)		
Laguna Hills		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Grounds clean up		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 17 / 24	\$ 150	Gift Card
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
Destroy Productions		
ADDRESS (Business Address Acceptable)		
Valley Center		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Concession		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 15 / 24	\$ 150	Gift Card
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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Date Initial Filing Received
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RECEIVED FEB 14 2025

NAME OF FILER (LAST) (FIRST) (MIDDLE)
HERTEL LOVE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

DEPUTY MANAGER II

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

☐ **Leaving Office:** Date Left / /
(Check one circle below.)

-or-

The period covered is / / , through
December 31, 2024.

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leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

☐ The period covered is / / , through
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☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

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☐ **Schedule A-1 - Investments** - schedule attached

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☒ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/14/2025
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

LOVE

HERTEL

► NAME OF SOURCE (Not an Acronym)

RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)

PO BOX 10, LAWEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

7 / 19 / 24	\$ 250	RIDE PASS
-------------	--------	-----------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

Comments:

STATEMENT OF ECONOMIC INTERESTS
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Date Initial Filing Received
Filing Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST)
Zarate Maria

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Event Coordinator - Security

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle below.)

-or-

The period covered is ____/____/____, through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ **Assuming Office:** Date assumed ____/____/____

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive Costa Mesa CA 92626

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the information is correct.

Date Signed 02/10/2025
(month, day, year)

Signature _____
(Type and print name of filer or paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

RECEIVED FEB 14 2025

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Torres Marie [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Associate Governmental Program Analyst

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

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December 31, 2024.

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(Check one circle below.)

-or-

The period covered is ____/____/____, through
December 31, 2024.

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-or-

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4. Schedule Summary (required)

► Total number of pages including this cover page: 2

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☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/14/25
(month, day, year)

Signature [REDACTED]

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Marie [REDACTED] Torres

▶ NAME OF SOURCE (Not an Acronym)		
Segerstrom Center for the Arts		
ADDRESS (Business Address Acceptable)		
600 Town Center Drive, Costa Mesa, CA 92626		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Promotional Partner		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 6 / 24	\$ 145	Play Ticket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 18 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) 

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Supervisor

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

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(Check one circle below.)

-or-

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leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.

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☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

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☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive Costa Mesa CA 92626

DAYTIME TELEPHONE NUMBER

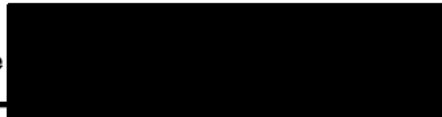
EMAIL ADDRESS

()

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2-18-25
(month, day, year)

Signature  (Filing Official)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 17 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Parreira Mathew [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Deputy Manager I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
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☐ Multi-County _____

☐ County of _____

☐ City of _____

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-or-

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-or- ☒ None - No reportable interests on any schedule

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MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
88 Fair Drive Costa Mesa CA 92626

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the

Date Signed 03/12/2025

(month, day, year)

Signature

(Official)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 18 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
TANG (MAX)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

STAFF SERVICES MANAGER (SUPERVISORY) II

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

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-or-

The period covered is / / , through
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(Check one circle below.)

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-or-

☐ The period covered is / / , through
the date of leaving office.

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☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☒ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed the information to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/18/25
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name (MAX) TANG

► NAME OF SOURCE (Not an Acronym)
RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)
PO BOX 10, LAWEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 19 / 24	\$ 250	RIDE PASS
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
AU-YEUNG MELISSA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

CAREER EXECUTIVE ASSIGNMENT

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2024, through
December 31, 2024.

☐ Leaving Office: Date Left / /
(Check one circle below.)

-or-

The period covered is / / , through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ The period covered is / / , through
the date of leaving office.

☐ Assuming Office: Date assumed / /

☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

2/18/2025
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

Name

MELISSA AU-YEUNG

► NAME OF SOURCE (Not an Acronym)

RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)

PO BOX 10, LAWEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

7 / 19 / 24	\$ 250	RIDE PASS
-------------	--------	-----------

1 / 3 / 24	\$ 100	DINNER
------------	--------	--------

12 / 2 / 24	\$ 100	DINNER
-------------	--------	--------

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

OAK VIEW GROUP

ADDRESS (Business Address Acceptable)

88 FAIR DRIVE, COSTA MESA, CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CONCESSIONAIRE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

1 / 4 / 24	\$ 125	DINNER
------------	--------	--------

12 / 3 / 24	\$ 100	DINNER
-------------	--------	--------

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

Comments:

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 26 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Avena Melody [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Deputy Manager I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through December 31, 2024.

-or-

The period covered is ____/____/____, through December 31, 2024.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle below.)

☐ The period covered is January 1, 2024, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

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☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

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☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/21/25

(month, day, year)

Signature

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 18 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
WISCHMEYER MICHELE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

CAREER EXECUTIVE ASSIGNMENT

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2024, through
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☐ Leaving Office: Date Left / /
(Check one circle below.)

-or-

The period covered is / / , through
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leaving office.

-or-

☐ Assuming Office: Date assumed / /

☐ The period covered is / / , through
the date of leaving office.

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☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2-18-25
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

MICHELE WISCHMEYER

► NAME OF SOURCE (Not an Acronym)

RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)

PO BOX 10, LAWEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

7 / 19 / 24	\$ 250	RIDE PASS
-------------	--------	-----------

12 / 2 / 24	\$ 100	DINNER
-------------	--------	--------

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

OAK VIEW GROUP

ADDRESS (Business Address Acceptable)

88 FAIR DR, COSTA MESA, CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CONCESSIONAIRE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

12 / 3 / 24	\$ 100	DINNER
-------------	--------	--------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

Comments:

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 18 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
RICHARDS MICHELE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

MANAGER/CEO

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

☐ **Leaving Office:** Date Left / /
(Check one circle below.)

-or-

The period covered is / / , through
December 31, 2024.

| | The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

| | The period covered is / / , through
the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

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☐ **Schedule A-2 - Investments** - schedule attached

☒ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California

Date Signed

2-18-2025
(month, day, year)

Sign

SCHEDULE D
Income – Gifts

Name

MICHELE RICHARDS

► NAME OF SOURCE (Not an Acronym)

RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)

PO BOX 10, LAWEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

<u>7 / 19 / 24</u>	<u>\$ 250</u>	<u>RIDE PASS</u>
--------------------	---------------	------------------

<u>1 / 3 / 24</u>	<u>\$ 100</u>	<u>DINNER</u>
-------------------	---------------	---------------

<u>12 / 2 / 24</u>	<u>\$ 100</u>	<u>DINNER</u>
--------------------	---------------	---------------

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

<u> / / </u>	<u>\$</u>	<u> </u>
-----------------	-----------	----------

<u> / / </u>	<u>\$</u>	<u> </u>
-----------------	-----------	----------

<u> / / </u>	<u>\$</u>	<u> </u>
-----------------	-----------	----------

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

<u> / / </u>	<u>\$</u>	<u> </u>
-----------------	-----------	----------

<u> / / </u>	<u>\$</u>	<u> </u>
-----------------	-----------	----------

<u> / / </u>	<u>\$</u>	<u> </u>
-----------------	-----------	----------

► NAME OF SOURCE (Not an Acronym)

OAK VIEW GROUP

ADDRESS (Business Address Acceptable)

88 FAIR DRIVE, COSTA MESA, CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CONCESSIONAIRE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

<u>1 / 4 / 24</u>	<u>\$ 125</u>	<u>DINNER</u>
-------------------	---------------	---------------

<u>12 / 16 / 24</u>	<u>\$ 75</u>	<u>GIFT BASKET</u>
---------------------	--------------	--------------------

<u>12 / 3 / 24</u>	<u>\$ 100</u>	<u>DINNER</u>
--------------------	---------------	---------------

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

<u> / / </u>	<u>\$</u>	<u> </u>
-----------------	-----------	----------

<u> / / </u>	<u>\$</u>	<u> </u>
-----------------	-----------	----------

<u> / / </u>	<u>\$</u>	<u> </u>
-----------------	-----------	----------

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

<u> / / </u>	<u>\$</u>	<u> </u>
-----------------	-----------	----------

<u> / / </u>	<u>\$</u>	<u> </u>
-----------------	-----------	----------

<u> / / </u>	<u>\$</u>	<u> </u>
-----------------	-----------	----------

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

RECEIVED FEB 14 2025

NAME OF FILER (LAST) (FIRST) (MIDDLE)

BRITO

MIGUEL

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

EVENT COORDINATOR

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through December 31, 2024.

☐ **Leaving Office:** Date Left / /
(Check one circle below.)

-or-

The period covered is / / , through December 31, 2024.

☐ The period covered is January 1, 2024, through the date of leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

☐ The period covered is / / , through the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

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☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 02/14/25
(month, day, year)

Signature (Filing official.)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 12 2025

Please type or print in ink.

NAME OF FILER (LAST) da Silva (FIRST) Monica

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Business Service Officer I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

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(Check one circle below.)

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☐ The period covered is January 1, 2024, through the date of
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-or-

☐ **Assuming Office:** Date assumed ____/____/____

☐ The period covered is ____/____/____, through
the date of leaving office.

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I certify under penalty of perjury under the laws of the State of California that the

Date Signed

2/11/25
(month, day, year)

Signature

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 28 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
RUBALCAVA-GARCIA NATALIE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

BOARD OF DIRECTORS

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

-or-

The period covered is / / , through
December 31, 2024.

☐ **Leaving Office:** Date Left / /
(Check one circle below.)

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

☐ The period covered is / / , through
the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(714) 708-1514

NRUBALCAVA-GARCIA@OCFAIRBOARD.COM

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed

3/28/2025
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name NATALIE RUBALCAVA-GARCIA

▶ NAME OF SOURCE (Not an Acronym)		
RAY CAMMACK SHOWS		
ADDRESS (Business Address Acceptable)		
PO BOX 10, LAWEEN, AZ 85339		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
MASTER CARNIVAL OPERATOR		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 19 / 24	\$ 500	RIDE PASS
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
B&L PRODUCTIONS, INC		
ADDRESS (Business Address Acceptable)		
P.O. Box 290, Kaysville, UT 84037		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
CROSSROADS OF THE WEST EVENT PROMOTER		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 30-31 / 24	\$ 100	GUN SHOW TICKETS
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
CELEBRATION FESTIVALS LLC		
ADDRESS (Business Address Acceptable)		
48 WATERWORKS WAY, IRVINE, CA 92618		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
WINTER FEST EVENT PROMOTER		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 16 / 24	\$ 570.00	WINTER FEST TICKETS
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
ROWLEY NATHAN [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

DEPUTY MANAGER I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

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December 31, 2024.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle below.)

-or-

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☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

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☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

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☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☒ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the

Date Signed

02/11/2025
(month/day/year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name NATHAN ROWLEY

► NAME OF SOURCE (Not an Acronym)

Lopez Works, Inc.

ADDRESS (Business Address Acceptable)

21195 Prairie View Ln., Trabuco Canyon, CA 92679

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Waste collection / parking lot sweeping

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/20/24	\$ 150	gift card
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments:

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
PHAM NEWTON

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

BOARD OF DIRECTORS

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

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-or-

The period covered is / / , through
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leaving office.

-or-

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the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 4

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☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☒ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
88 FAIR DRIVE		COSTA MESA	CA	92626
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(714) 708-1514		NPHAM@OCFAIRBOARD.COM		

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/14/25

(month, day, year)

Signature Newton Pham

Digitally signed by Newton Pham
Date: 2025.03.14 13:32:29 -0700

(File the originally signed paper statement with your filing official.)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name NEWTON PHAM

▶ 1. BUSINESS ENTITY OR TRUST

SynerG, Inc.

Name

11101 Condor Avenue, Fountain Valley, CA

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/24 ____/____/24
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☒ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION **Partner**

▶ 1. BUSINESS ENTITY OR TRUST

A&D Precision Manufacturing, Inc.

Name

4751 E Hunter Avenue, Anaheim, CA

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☒ Over \$1,000,000

____/____/24 ____/____/24
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☒ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION **Co-Owner**

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☐ \$1,001 - \$10,000

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☒ None or ☐ Names listed below

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/24 ____/____/24
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold ☐ Other
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/24 ____/____/24
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold ☐ Other
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
NEWTON PHAM

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Zions Bancorporation

ADDRESS (Business Address Acceptable)
1900 Main Street, Irvine, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
☒ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE _____% ☐ None

TERM (Months/Years) _____

SECURITY FOR LOAN
☐ None ☐ Personal residence

☐ Real Property _____
Street address _____
City _____

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name NEWTON PHAM

▶ NAME OF SOURCE (Not an Acronym)		
RAY CAMMACK SHOWS		
ADDRESS (Business Address Acceptable)		
PO BOX 10, LAVEEN, AZ 85339		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
MASTER CARNIVAL OPERATOR		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 19 / 24	\$ 500	RIDE PASS
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
CELEBRATION FESTIVALS LLC		
ADDRESS (Business Address Acceptable)		
48 WATERWORKS WAY, IRVINE, CA 92618		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
WINTER FEST EVENT PROMOTER		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 16 / 24	\$ 570.00	WINTER FEST TICKETS
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

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ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
BUFFA NICHOLAS

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Deputy Manager II

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
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☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

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-or-

The period covered is through
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☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ **Assuming Office:** Date assumed

☐ The period covered is through
the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

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☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

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☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed MARCH 28 2025
(month, day, year)

Signature
(statement with your filing official.)

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name NICK BUFFA

<p>► NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS</p> <p>ADDRESS (Business Address Acceptable) PO BOX 10, LAWEEN, AZ 85339</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR</p> <table><thead><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr></thead><tbody><tr><td>7 / 19 / 24</td><td>\$ 250</td><td>RIDE PASS</td></tr><tr><td> </td><td>\$</td><td> </td></tr><tr><td> </td><td>\$</td><td> </td></tr></tbody></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	7 / 19 / 24	\$ 250	RIDE PASS		\$			\$		<p>► NAME OF SOURCE (Not an Acronym)</p> <p>ADDRESS (Business Address Acceptable)</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <table><thead><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr></thead><tbody><tr><td> </td><td>\$</td><td> </td></tr><tr><td> </td><td>\$</td><td> </td></tr><tr><td> </td><td>\$</td><td> </td></tr></tbody></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		\$			\$			\$	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
7 / 19 / 24	\$ 250	RIDE PASS																							
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	\$																								
	\$																								
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Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 27 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
KOVACEVICH NICHOLAS

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural A

BOARD OF DIRECTORS

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

-or-

The period covered is ____/____/____, through
December 31, 2024.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle below.)

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☐ **Assuming Office:** Date assumed ____/____/____

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(714) 708-1514

NKOVACEVICH@OCFAIRBOARD.COM

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the

Date Signed 03/26/202
(month, day, year)

Signature _____
(filing official)

SCHEDULE D
Income – Gifts

Name
NICK KOVACEVICH

► NAME OF SOURCE (Not an Acronym)
RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)
PO BOX 10, LAWEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 19 / 24	500	RIDE PASS
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)
Stellar Entertainment Group, Garden Bros Nt

ADDRESS (Business Address Acceptable)
2187 Siesta Drive, Sarasota, FL 34239

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CIRCUS EVENT PROMOTER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 18 / 24	200	Nuclear Circus Tick
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)
CELEBRATION FESTIVALS LLC

ADDRESS (Business Address Acceptable)
48 WATERWORKS WAY, IRVINE, CA 92611

BUSINESS ACTIVITY, IF ANY, OF SOURCE
WINTER FEST EVENT PROMOTER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 16 / 24	570.00	WINTER FEST TIC
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)
Jurassic Quest Holdings, LLC

ADDRESS (Business Address Acceptable)
200 River Pointe Drive, #312, Conroe, TX 77

BUSINESS ACTIVITY, IF ANY, OF SOURCE
DINOSAUR EVENT PROMOTER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 24 / 24	88	JURASSIC QUEST
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

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RECEIVED MAR 11 2025

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
SANCHEZ OMAR

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

DM 1

DEPUTY MANAGER I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

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-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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I certify under penalty of perjury under the laws of the State of California that

Date Signed

3/10/25
(month, day, year)

Signature

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A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 28 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
SITAGATA-IA PONA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

DM1 DEPUTY MANAGER I

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Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
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CITY

STATE

ZIP CODE

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Costa Mesa

CA

92626

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I certify under penalty of perjury under the laws of the State of California

Date Signed

2/28/2025

(month, day, year)

Signature

(with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**

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Filing Official Use Only

A PUBLIC DOCUMENT

RECEIVED FEB 14 2025

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NAME OF FILER (LAST) Chiu (FIRST) Rebecca [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Event coordinator

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

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CITY

STATE

ZIP CODE

88 Fair Drive

Costa Mesa

CA

92626

EMAIL ADDRESS

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/12/25
(month, day, year)

Signature [REDACTED]
(Print the signatory's name on paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 26 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Dominguez Reymundo

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: 32nd District Agriculture Associaton

Position: DM1 DEPUTY MANAGER I

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
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☐ County of _____

☐ City of _____

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88 Fair Drive

Costa Mesa

CA

92626

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I certify under penalty of perjury under the laws of the State of California

Date Signed 2/25/2025

(month, day, year)

Si

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Reymundo Dominguez

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
LWI		
ADDRESS <i>(Business Address Acceptable)</i>		
21195 Praire View Lane, Trabuco Canyon CA 92679		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Parking Lot Sweeping/Reuse Pick up		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/00/25	\$ 100	Restaurant Gift Card
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
ADDRESS <i>(Business Address Acceptable)</i>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
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____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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BUSINESS ACTIVITY, IF ANY, OF SOURCE		
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____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
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____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 12 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
CASTAGNOLI ROBERT [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

DEPUTY MANAGER I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

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5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/12/25

(month, day, year)

Signature

(with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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Please type or print in ink.

RECEIVED FEB 10 2025

NAME OF FILER (LAST) (FIRST) (MIDDLE)
RUIZ ROBERT

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

BOARD OF DIRECTORS

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Agency: Position:

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88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(714) 708-1514

RRUIZ@OCFAIRBOARD.COM

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I certify under penalty of perjury under the laws of the State of California

Date Signed 2-10-25
(month, day, year)

Signature

Name

ROBERT RUIZ

SCHEDULE D **Income – Gifts**

► NAME OF SOURCE (Not an Acronym)

RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)

PO BOX 10, LAWEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07/19/24	\$ 500	RIDE PASS

____/____/____	\$ _____	_____
----------------	----------	-------

____/____/____	\$ _____	_____
----------------	----------	-------

► NAME OF SOURCE (Not an Acronym)

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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____/____/____	\$ _____	_____

____/____/____	\$ _____	_____
----------------	----------	-------

____/____/____	\$ _____	_____
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____/____/____	\$ _____	_____
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► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____

____/____/____	\$ _____	_____
----------------	----------	-------

____/____/____	\$ _____	_____
----------------	----------	-------

____/____/____	\$ _____	_____
----------------	----------	-------

► NAME OF SOURCE (Not an Acronym)

CELEBRATION FESTIVALS LLC

ADDRESS (Business Address Acceptable)

48 WATERWORKS WAY, IRVINE, CA 92618

BUSINESS ACTIVITY, IF ANY, OF SOURCE

WINTER FEST EVENT PROMOTER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/16/24	\$ 570.00	WINTER FEST TICKETS

____/____/____	\$ _____	_____
----------------	----------	-------

____/____/____	\$ _____	_____
----------------	----------	-------

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____

____/____/____	\$ _____	_____
----------------	----------	-------

____/____/____	\$ _____	_____
----------------	----------	-------

____/____/____	\$ _____	_____
----------------	----------	-------

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____

____/____/____	\$ _____	_____
----------------	----------	-------

____/____/____	\$ _____	_____
----------------	----------	-------

____/____/____	\$ _____	_____
----------------	----------	-------

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 14 2025

Please type or print in ink.

NAME OF FILER (LAST) LAY (FIRST) RUBY (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

ACCOUNT MANAGER

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2024, through
December 31, 2024.

☐ Leaving Office: Date Left ____/____/____
(Check one circle below.)

-or-

The period covered is ____/____/____, through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

88 Fair Drive

Costa Mesa

CA

92626

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the

Date Signed

2-14-2025

(month, day, year)

Signature

(your filing official)

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <i>RUBY LAY</i>

► NAME OF SOURCE (Not an Acronym)
RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)

PO BOX 10, LAWEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

7 / 19 / 24	\$ 250	RIDE PASS
-------------	--------	-----------

	\$	
--	----	--

	\$	
--	----	--

► NAME OF SOURCE (Not an Acronym)
Seegerstrum Center for the Arts

ADDRESS (Business Address Acceptable)

600 TOWN COSTA MESA CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Promotional Partner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

8 / 6 / 24	\$ 145	(1) performance ticket
------------	--------	------------------------

	\$	
--	----	--

	\$	
--	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

	\$	
--	----	--

	\$	
--	----	--

	\$	
--	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

	\$	
--	----	--

	\$	
--	----	--

	\$	
--	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

	\$	
--	----	--

	\$	
--	----	--

	\$	
--	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

	\$	
--	----	--

	\$	
--	----	--

	\$	
--	----	--

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 12 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
ANGUS SUMMER

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

DEPUTY MANAGER I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

☐ **Leaving Office:** Date Left / /
(Check one circle below.)

-or-

The period covered is / / , through
December 31, 2024.

| | The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

☐ The period covered is / / , through
the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California

Date Signed 03/12/2025

(month, day, year)

Sign

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 27 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
BILEZIKJIAN TANYA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

BOARD OF DIRECTORS

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through December 31, 2024.

-or-

The period covered is / / , through December 31, 2024.

☐ **Leaving Office:** Date Left / /
(Check one circle below.)

☐ The period covered is January 1, 2024, through the date of leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

☐ The period covered is / / , through the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 3

Schedules attached

☒ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(714) 708-1514

TBILEZIKJIAN@OCFAIRBOARD.COM

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/26/2025
(month, day, year)

Signature Tanya Bilezikjian
Digitally signed by Tanya Bilezikjian
Date: 2025.03.26 19:11:22 -07'00'
(File the originally signed paper statement with your filing official.)

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**
(Ownership Interest is Less Than 10%)*Investments must be itemized.**Do not attach brokerage or financial statements.***CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

TANYA BILEZIKJIAN

▶ NAME OF BUSINESS ENTITY

Amazon

GENERAL DESCRIPTION OF THIS BUSINESS

online retailer

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 ACQUIRED _____/_____/24 DISPOSED

▶ NAME OF BUSINESS ENTITY

Bank of America

GENERAL DESCRIPTION OF THIS BUSINESS

bank

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 ACQUIRED _____/_____/24 DISPOSED

▶ NAME OF BUSINESS ENTITY

Ford

GENERAL DESCRIPTION OF THIS BUSINESS

car manufacture and sales

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 ACQUIRED _____/_____/24 DISPOSED

▶ NAME OF BUSINESS ENTITY

Citi

GENERAL DESCRIPTION OF THIS BUSINESS

bank

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 ACQUIRED _____/_____/24 DISPOSED

▶ NAME OF BUSINESS ENTITY

Verizon

GENERAL DESCRIPTION OF THIS BUSINESS

cell phone service provider

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 ACQUIRED _____/_____/24 DISPOSED

▶ NAME OF BUSINESS ENTITY

Edison International

GENERAL DESCRIPTION OF THIS BUSINESS

utility company

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/24 ACQUIRED _____/_____/24 DISPOSED

Comments: _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name TANYA BILEZIKJIAN

▶ NAME OF SOURCE (Not an Acronym)		
RAY CAMMACK SHOWS		
ADDRESS (Business Address Acceptable)		
PO BOX 10, LAVEEN, AZ 85339		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
MASTER CARNIVAL OPERATOR		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 19 / 24	500	RIDE PASS
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
CELEBRATION FESTIVALS LLC		
ADDRESS (Business Address Acceptable)		
48 WATERWORKS WAY, IRVINE, CA 92618		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
WINTER FEST EVENT PROMOTER		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 16 / 24	570.00	WINTER FEST TICKETS
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 25 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
TAMOUKIAN TANYA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

EVENT COORDINATOR

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through December 31, 2024.

☐ **Leaving Office:** Date Left / /
(Check one circle below.)

-or-

The period covered is / /, through December 31, 2024.

☐ The period covered is January 1, 2024, through the date of leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

☐ The period covered is / /, through the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page:

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
88 Fair Drive Costa Mesa CA 92626

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/24/25

(month, day, year)

Signature

(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 10 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Dayton Teresa

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Deputy Manager I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

☐ **Leaving Office:** Date Left / /
(Check one circle below.)

-or-

The period covered is / / , through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

☐ The period covered is / / , through
the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☒ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
88 Fair Drive Costa Mesa CA 92626
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/10/25
(month, day, year)

Signature [Redacted]
(Filing official)

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>TERESA DAYTON</u>

► NAME OF SOURCE (Not an Acronym)

Lopez Works Inc

ADDRESS (Business Address Acceptable)

21195 Prairie View Lane, Trabuco Canyon, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 24	\$ 150	Restaurant Gift Card
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 12 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Moore Terry

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

Staff Services Manager II

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

☐ **Leaving Office:** Date Left / /
(Check one circle below.)

-or-

The period covered is / / through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ The period covered is / / through
the date of leaving office.

☐ **Assuming Office:** Date assumed / /

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☒ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the

Date Signed 2/10/2025

(month, day, year)

Signature

your filing official

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Terry Moore

▶ NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS		
ADDRESS (Business Address Acceptable) PO BOX 10, LAVEEN, AZ 85339		
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 19 / 24	\$ 250	RIDE PASS
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 18 2025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
HOLLMAN THANE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agricultural Assoc.

DEPUTY MANAGER I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2024, through
December 31, 2024.

☐ Leaving Office: Date Left / /
(Check one circle below.)

-or-

The period covered is / /, through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☐ Assuming Office: Date assumed / /

☐ The period covered is / /, through
the date of leaving office.

☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☒ None - No reportable interests on any schedule

5. Verification

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2 / 18 / 25

(month, day, year)

Signature