STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink.		RECEI	VED MAR1 8 2025		
NAME OF FILER (LASN	(FIRSn	(MIODLE)			
PUTMANL	ABIGAIL_				
1. Office, Agency, or Court					
Agency Name (Do not use acronyms) CALIFORNIA DEPARTMEN	T OF FOOD & AGRIC	CULTURE			
Division, Board, Department, District, if applic	able	Your Position			
Fairs & Expositions/ 32nd D	istrict Agricultural	EVENT COORDINAT	OR		
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
Agency:	_	Position:	-		
2 Jurisdiction of Office (Checkat lea	astone box)				
State		D Judge, Retired Judge, Pro Tem Jugge, (Statewide Jurisdiction)	udge, or Court Commissioner		
D Multi-County $ -$					
\mathbf{O} City of $_____$		0 0 ther			
3. Type of Statement (Checkat least)	one box)				
Annual: The period covered is January December 31, 2024.	1; 2024, through	D Leaving Office: Date Left (Check one ci	J_j ricle below.)		
The period covered is _ } _ } December 31, 2024.	through	D The period covered is Januar leaving office.	y 1, 2024, through the date of		
O Assuming Office: Date assumed	$J_{-}J_{-}$	O The period covered is the date of leaving office.	through		
D Candidate: Date of Election $___$	_ and office sought, if	different than Part 1:			
4. Schedule Summary (required)	► Total numbero	f pages includingthis coverpa	ge: <u>1</u>		
Schedulesattached					
O Schedule A-1 • Investments - schedu		Schedule C • Income, Loans, & Business			
D Schedule A-2 • Investments - schedu	nic attacrica	Schedule D • Income - Gifts - schedule			
O Schedule B - Real Property- schedu	lle attached D s	Schedule E • Income - Gifts - Travel Pa	yments - schedule attached		
-or- III None •No reportable interest	s on any schedule				
5. Verification		***			
MAILING ADDRESS STREET (Business o, Agency Address Recommended - Public Doo	CITY cument)	STATE	ZIP CODE		
88 Fair Drive	Costa M	Vlesa CA	92626		
DAYTIME TELEPHONE NUMBER	E	MAIL ADDRESS			
	no this statement. I have no in				
I have used all reasonable diligence in prepari herein and in any attached schedules is true	ng this statement. I have reviewed and complete. I acknowledge this	o this statement and to the best of my kr s is a public document.	nowledge the information contained		
l certify under penalty of perjury under the					
Date Signed 3/12/25	Sigr	nature			
(teomi, ooj, joai)					

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

A PUBLIC DOCUMENT

RECEIVED FEB 1 2 2025

	KECEIVED PLD I & 2023
ME OF FILER (LAST) (FIRST)	(MIDDLE)
LETUA ALFRED	
Office, Agency, or Court	
Agency Name (Do not use acronyms)	
CALIFORNIA DEPARTMENT OF FOOD & AGRIC	
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:
Jurisdiction of Office (Check at least one box)	
■ State	 Judge, Retired Judge, Pro Tem Judge, or Court Commissione (Statewide Jurisdiction)
Multi-County	County of
City of	Other
Schedules attached Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached	(Check one circle below.) The period covered is January 1, 2024, through the date of leaving office. The period covered is/
r- ⊠ None - No reportable interests on any schedule Verification	
TOTHIOMEGAL	STATE ZIP CODE
MAILING ADDRESS STREET CITY	
(Business or Agency Address Recommended - Public Document)	loca CA 02020
(Business or Agency Address Recommended - Public Document) 88 Fair Drive Costa Me	Mesa CA 92626 EMAIL ADDRESS

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

A PUBLIC DOCUMENT

RECEIVED FEB 1 2 2025

NAME OF FILER	(LAST)	(FIRST)		(MIDDLE)	
Mesick		Allen			
. Office,	Agency, or Cour	t			
Agency Na	ame (Do not use acro	nyms)			
CALIF	ORNIA DEPAR	RTMENT OF FOOI	D & AGRICULTURE		
Division, B	oard, Department, Dist	rict, if applicable	Your Po	sition	
Fairs &	Expositions / 32	2nd District Agricultu	ral Assoc. Dep	uty Manager I	
▶ If filing	for multiple positions, l	ist below or on an attachmer	nt. (Do not use acronyms)		
Agency/			Positio)'	
Agolloy, _			Todato	IC	
2. Jurisdi	ction of Office (Check at least one box)			
[■] State				Retired Judge, Pro Tem Juvide Jurisdiction)	udge, or Court Commissioner
☐ Multi-C	ounty		Count	/ of	
	Statement (Chec				
		5%		las Officer Data Laft	
Annu	December 31, 202	d is January 1, 2024, through 4.	Leav	ing Office: Date Left (Check one cit	
•0	The period covered December 31, 202	d is/		ne period covered is Januar aving office.	y 1, 2024, through the date of
Assur	ming Office: Date ass	sumed		ne period covered is e date of leaving office.	J, through
Candi	date: Date of Election	ı and	office sought, if different than	Part 1:	=
	le Summary (red	quired) ► <i>To</i>	tal number of pages in	cluding this cover pa	ge: 1
<u> </u>					B **
		nts – schedule attached		Income, Loans, & Business Income - Gifts - schedule	s Positions – schedule attached
100000000000000000000000000000000000000		nts - schedule attached nty - schedule attached	=		yments - schedule attached
	Todale B - Noul Propo	sy constant attached			
-or- ☑ N	one - No reportab	ole interests on any sch	edule		
. Verificat	ion				
MAILING ADI	WANTED CO.		CITY	STATE	ZIP CODE
88 Fair I	Jan 8	ев - Ривіїс Досителі)	Costa Mesa	CA	92626
	LEPHONE NUMBER		EMAIL ADDRESS	and the	90.51 M.C.54
		ce in preparing this statementules is true and complete. I		ent and to the best of my kno	owledge the information contained
I certify u	nder penalty of perjur	y under the laws of the Sta	ate of California		
Deta Cia-	ed 02/10/25		Cian		
Date Signe		, day, year)	Sign		pial.)



Date Initial Filing Received

A PUBLIC DOCUMENT

RECEIVED FEB 1 4.2025

Please type or print in ink.			OFIATO IED T. 4: TOTA
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Perez-Melchor	Ana		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
CALIFORNIA DEPARTME	NT OF FOOD & AGR	RICULTURE	
Division, Board, Department, District, if ap	plicable	Your Position	
Fairs & Expositions / 32nd Dis	strict Agricultural Assoc	Event Coordinat	ar
► If filing for multiple positions, list below	or on an attachment. (Do not u	se acronyms)	
NA Institute and otherwise		Post de la constant d	
Agency:		Position:	
2. Jurisdiction of Office (Check at	least one box)		
State	•	Judge, Retired Judge, Pro Tem Ju	dge, or Court Commissioner
,—, ·		(Statewide Jurisdiction)	
Multi-County	XII	County of	
City of		Other	
The state of the s			
3. Type of Statement (Check at leas	11 - L N		x 10:
Annual: The period covered is January December 31, 2024.	ary 1, 2024, through	Leaving Office: Date Left (Check one circ	
-10-		☐ The period covered is January	2000 10 10 10 10 10 10 10 10 10 10 10 10
December 31, 2024.	, tillough	leaving office.	
Assuming Office: Date assumed	<u> </u>		/
		the date of leaving office.	
Candidate: Date of Election	and office sough	t, if different than Part 1:	
4. Schedule Summary (required)	► Total number	r of pages including this cover pag	no. 1
Schedules attached	P Total Halliot	or pages morating and cover page	Ju
(A - A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B		Schedule C - Income, Loans, & Business	Positions – schadula attached
Schedule A-1 - Investments – sch		Schedule D - Income - Gifts - schedule	
Schedule B - Real Property – sch	er agt været er agt været er av	Schedule E - Income - Gifts - Travel Pa	
-or- None - No reportable inter-	ests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY (CITY	STATE	ZIP CODE
88 Fair Drive	Costa	Mesa CA	92626
	3 800 (2000)	EMAIL ADDRESS	(40,650.46)
I have used all reasonable diligence in prep herein and in any attached schedules is to			dge the information contained
		rnia that the foregoing is true and correct.	
/ 1	and make of the otate of outlide	and the reregoing is true and correct.	
Date Signed 62/12/23	5 1	Signature	WC
(month, day, year)			



Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink.

RECEIVED FEB 1 4 2025

Todo type of plate in the			- W E
NAME OF FILER (LAST) (FIRST)	MAGGI	(MIDDLE)	
MARINI	TNOEL		
I. Office, Agency, or Court			
Agency Name (Do not use acronyms)		w mercana	
CALIFORNIA DEPARTMENT OF FOO	DD & AGRICU		
Division, Board, Department, District, if applicable		Your Position	200
Fairs & Expositions / 32nd District Agricult	5		DRDINATOR
► If filing for multiple positions, list below or on an attachm	nent. (Do not use ac	eronyms)	
Agency:		Position:	
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
2. Jurisdiction of Office (Check at least one box)			
■ State		Judge, Retired Judge, Pro Tem Ju (Statewide Jurisdiction)	idge, or Court Commissioner
Multi-County		County of	
City of		Other	
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2024, thround December 31, 2024.	ugh	Leaving Office: Date Left(Check one ci	
The period covered is//	, through	☐ The period covered is Januar leaving office.	
Assuming Office: Date assumed//			/, through
Candidate: Date of Election a	and office sought, if o	lifferent than Part 1:	
I. Schedule Summary (required)	Total number of	nages including this sever no	~~· \
Schedules attached	iotai number or	pages including this cover pa	ye
Schedule A-1 - Investments - schedule attached	Sc	chedule C - Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments - schedule attached		chedule D - Income - Gifts - schedule	
Schedule B - Real Property – schedule attached	Sc	chedule E - Income - Gifts - Travel Pa	yments – schedule attached
-or- Mone - No reportable interests on any so	ob o de de		
	Shedule		10000
5. Verification MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)			
88 Fair Drive	Costa Mes	a CA AIL ADDRESS	92626
DATE HOLD THE HOLD THE STREET	L***	AL ADIAN CITY	
mave used an reasonable diligence in preparing this statem	ent. I have reviewed	this s	
herein and in any attached schedules is true and complete.	. I acknowledge this	is a public document.	Ā
I certify under penalty of perjury under the laws of the	State of California t	hat ti	
Date Signed 2/13/2025	Signa	iture	
(month, day, year)	d		



A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 2 5 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 Fairs & Expositions / 32nd District Agricultural Assoc. **BOARD OF DIRECTORS** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 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 3. Type of Statement (Check at least one box) ■ Annual: The period covered is January 1, 2024, through (Check one circle below.) December 31, 2024. -or-The period covered is January 1, 2024, through the date of The period covered is _____/____, through leaving office. December 31, 2024. The period covered is ______, through Assuming Office: Date assumed _____/___ 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 C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached ✓ Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) 88 FAIR DRIVE COSTA MESA 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 Signature (month, day, year)

SCHEDULE D Income - Gifts



► NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS	► NAME OF SOURCE (Not an Acronym) CELEBRATION FESTIVALS LLC		
ADDRESS (Business Address Acceptable) PO BOX 10, LAVEEN, AZ 85339	ADDRESS (Business Address Acceptable) 48 WATERWORKS WAY, IRVINE, CA 92618		
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR	BUSINESS ACTIVITY, IF ANY, OF SOURCE WINTER FEST EVENT PROMOTER		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
07,19,24 \$500 RIDE PASS	12 16 24 \$570.00 WINTER FEST TICKETS		
01,3,24 \$100 Dinner			
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
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

RECEIVED MAR 1 9 2025

Please type or print in ink.			
NAME OF FILER (LAST) (FIRS	•	(MIDDLE)	
MURRIETA BIA	ANCA		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
CALIFORNIA DEPARTMENT OF FO	OOD & AGRICULTURE		
Division, Board, Department, District, if applicable	Your Pos	sition	
Fairs & Expositions / 32nd District Agric	ultural Assoc. STAF	F SERVICES MANA	GER (SUPERVISORY) II
▶ If filing for multiple positions, list below or on an attack	chment. (Do not use acronyms)		
Agency:	Position		
, igonoy.	1 00000		
2. Jurisdiction of Office (Check at least one box	d		
■ State		Retired Judge, Pro Tem Judide Jurisdiction)	dge, or Court Commissioner
Multi-County	County	of	
City of			
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2024, th	nrough Leavi	ng Office: Date Left	
December 31, 2024.	LITh	(Check one cir	cie below.) 1, 2024, through the date of
The period covered is//	inough	eving office.	1, 2024, through the date of
Assuming Office: Date assumed/	Th	e period covered is	through
Candidate: Date of Election	and office sought, if different than	Part 1:	
4. Schedule Summary (required)	► Total number of pages inc	luding this cover page	_{re: 2}
Schedules attached	, •		
Schedule A-1 - Investments – schedule attached	Schedule C -	Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments – schedule attached	7	Income - Gifts - schedule a	attached
Schedule B - Real Property - schedule attached	Schedule E -	Income – Gifts – Travel Pay	ments - 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 stat herein and in any attached schedules is true and comple			wiedge the information contained
I certify under penalty of perjury under the laws of the	ne State of California that t		
Date Signed 3 19 2025	Signature		
(month day year)			

SCHEDULE D Income – Gifts



► NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS		► NAME OF SOURC	E (Not an Acronym)	-
ADDRESS (Business Address Acceptable) PO BOX 10, LAVEEN, AZ 8533	39	ADDRESS (Busines	ss Address Acceptable	le)
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERAT	•	BUSINESS ACTIVI	TY, IF ANY, OF SOI	URCE
DATE (mm/dd/yy) VALUE D	ESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 19 24 \$ 250 I	RIDE PASS		\$	
			\$	
\$		/	\$	
► NAME OF SOURCE (Not an Acronym)		► NAME OF SOURC	E (Not an Acronym)	
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	ss Address Acceptabl	le)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	DE	BUSINESS ACTIVI	TY, IF ANY, OF SOI	JRCE
DATE (mm/dd/yy) VALUE D	ESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
\$			\$	
	· · · · · · · · · · · · · · · · · · ·	/	\$	
			\$	
► NAME OF SOURCE (Not an Acronym)		► NAME OF SOURC	E (Not an Acronym)	
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	s Address Acceptabl	le)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	DE	BUSINESS ACTIVI	TY, IF ANY, OF SOL	JRCE
DATE (mm/dd/yy) VALUE DI	ESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
\$			\$	
	·		\$	
\$	l		\$	
Comments:				

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

RECEIVED MAR 2 8 2025

Plea	ase type or p	orint in ink.				· · · · · · · · · · · · · · · · · · ·	
	E OF FILER (L	AST)	(FIRST)			(MIDDLE)	
A	quino		Briar	<u> </u>			
1. (Office, Ag	ency, or Court					
Agency Name (Do not use acronyms) CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE							
	Division, Boar	d, Department, Distric	ct, if applicable		Your Posit	on	
	Fairs & Ex	positions / 32nd	District Agricultura	l Assoc.	E& E	Event Cordinato	r .
	► If filing for	multiple positions, list	below or on an attachme	ent. (Do not use	acronyms)		
	Agency:			.	Position:		
2.	Jurisdicti	on of Office (Ch	eck at least one box)				
	■ State		at .			etired Judge, Pro Tem Jude e Jurisdiction)	dge, or Court Commissioner
	Multi-Cour	nty			County o	f	
	City of						<u> </u>
3.	Type of S	statement (Check	at least one box)				
			is January 1, 2024, throu	gh	Leaving	Office: Date Left (Check one cir	
	-or-	The period covered December 31, 2024.	is/	, through		period covered is January ing office.	/ 1, 2024, through the date of
	Assumin	g Office: Date assu	med/		☐ The	period covered isdate of leaving office.	/, through
	Candidat	te: Date of Election	a	nd office sought,	if different than P	art 1:	
4.	Schedule	Summary (requ	uired) ► 7	otal number	of pages inclu	uding this cover pag	ye: 1
	Schedule	s attached					
	Sched	lule A-1 - Investment	s - schedule attached	_	Schedule C - In	come, Loans, & Business	Positions - schedule attached
	Sched	lule A-2 - Investment	s - schedule attached	_		come – Gifts – schedule a	
	Sched	lule B - Real Propert	y - schedule attached	_	Schedule E - In	come – Gifts – Travel Pay	ments – schedule attached
-0	r- 🗸 Noi	1e - No reportable	e interests on any so	:hedule			
5. \	Verificatio	n					
	MAILING ADDRE	SS STREET		CITY		STATE	ZIP CODE
	88 Fair		1 - Public Documenty	Costa	Mesa	CA	92626
	DAYTIME TELEP				EMAIL ADDRESS		
	l have used a herein and in	Il reasonable diligence any attached schedu	e in preparing this stateme les is true and complete.	ent. I have reviev I acknowledge t	ved this statement his is a public do	and to the best of my kno cument.	owledge the information contained
	I certify unde	er penalty of perjury	under the laws of the S	State of Californ	ia that the foreg	oing is true and correct.	
	Date Signed	02/27/2025		Si	gnature		
	Sale Signed		lay, year)	0,		(File the origina	g official.)



Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink.

RECEIVED FEB 2-8 2025

NAME OF FILER (LAST)	(FIRST)	(MIDDLF)
Gonzalez	Carlos	
1. Office, Agency, or Court		
Agency Name (Do not use acrony		
	TMENT OF FOOD & A	
Division, Board, Department, District		Your Position
<u> </u>	nd District Agricultural Ass	
► If filing for multiple positions, list	t below or on an attachment. (Do n	ot use acronyms)
Agency:	·	Position:
2. Jurisdiction of Office (Ch	eck 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 December 31, 2024.		Leaving Office: Date Left/(Check one circle below.)
The period covered December 31, 2024.	is, thro	ugh
Assuming Office: Date assu	med/	The period covered is
Candidate: Date of Election	and office so	ought, if different than Part 1:
4. Schedule Summary (requ	uired) ► Total nun	nber of pages including this cover page:
Schedules attached		
Schedule A-1 - Investment	s - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investment		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Propert	y - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
OF Mone No wan a watch!	interests on any ashadula	
-or- ✓ None - No reportable 5. Verification	e interests on any schedule	****
MAILING ADDRESS STREET		Y STATE ZIP CODE
(Business or Agency Address Recommended 88 Fair Drive	•	esta Mesa CA 92626
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
	e in preparing this statement. I have les is true and complete. I acknowl	reviewed this statement and to the best of my knowledge the information contained edge this is a public document.
I certify under penalty of perjury	under the laws of the State of Ca	alifornia that the face is a face of the same of the s
Date Signed 87/27/	/2025 lay, year)	Signature



Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

RECEIVED FEB 1.8 2025

Please type o	·			
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)	
Singleton		Carol		
	Agency, or Court			
	me (Do not use acronyms) ORNIA DEPARTMENT OF	FOOD & AGRICULT	URE	
Division, Bo	pard, Department, District, if applicable	,	our Position	
Fairs &	Expositions / 32nd District A	gricultural Assoc.	Director of Exhibits & I	Education
► If filing f	or multiple positions, list below or on an	attachment. (Do not use acrony	ms)	
Agency: _			Position:	
2. Jurisdic	tion of Office (Check at least one	box)		
State			Judge, Retired Judge, Pro Tem Ju (Statewide Jurisdiction)	udge, or Court Commissioner
Multi-Co	ounty		County of	
	·		Other	
3. Type of	Statement (Check at least one bo	x)	·	
	I: The period covered is January 1, 202 December 31, 2024.	24, through	Leaving Office: Date Left(Check one ci	
-01	The period covered is/	through	☐ The period covered is Januar leaving office.	y 1, 2024, through the date of
Assun	ning Office: Date assumed/			/, through
Candid	date: Date of Election	and office sought, if different	ent than Part 1:	
. Schedul	le Summary (required)	► Total number of page	es including this cover page	na 2
	les attached	Protar number of pag	oo molaamy and cover pa	yo
Sch	edule A-1 - Investments - schedule atta	ched Sched	ule C - Income, Loans, & Business	Positions - schedule attached
Sch	edule A-2 - Investments - schedule atta		ule D - Income - Gifts - schedule	
Sch	edule B - Real Property - schedule atta	ched Sched	ule E - Income - Gifts - Travel Pa	yments – schedule attached
-or- □ <i>N</i>	one - No reportable interests on	any schadula		
. Verificati		arry scriedule		
MAILING ADD	RESS STREET	CITY	STATE	ZIP CODE
(Business or A	Agency Address Recommended - Public Document)	Costa Mesa	CA	92626
	EPHONE NUMBER	EMAIL A		92020
	all reasonable diligence in preparing this in any attached schedules is true and co			owledge the information contained
	der penalty of perjury under the laws			
Date Signe	d 2/10/2025	Signature		
Date Signe	(month, day, year)	Signature	-	

SCHEDULE D Income - Gifts



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

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 2 0 2025

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Cassandra Scott 1. Office, Agency, or Court Agency Name (Do not use acronyms) CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE Division, Board, Department, District, if applicable Your Position Information Officer I Fairs & Expositions / 32nd District Agricultural Assoc. ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: _ 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of Multi-County City of Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2024, through Leaving Office: Date Left ____ December 31, 2024. (Check one circle below.) The period covered is January 1, 2024, through the date of The period covered is _______, through leaving office. December 31, 2024. ☐ The period covered is ____ Assuming Office: Date assumed ____/___/__ 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 C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- ✓ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) 92626 88 Fair Drive Costa Mesa CA 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** Signature



A PUBLIC DOCUMENT

Date Initial Filing Received

RECEIVED MAR 2 8 2025

Please type or print in ink. (MIDDLE) NAME OF FILER (LAST) (FIRST) **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 Deputy Manager 1 - Supervisor, Exhibits Fairs & Expositions / 32nd District Agricultural Assoc. ▶ 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) County of Multi-County City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2024, through Leaving Office: Date Left ____ (Check one circle below.) December 31, 2024. -or-☐ The period covered is January 1, 2024, through the date of The period covered is ______, through leaving office. December 31, 2024. -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 C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached Or- None - No reportable interests on any schedule 5. Verification CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 92626 88 Fair Drive Costa Mesa CA DAYTIME TELEPHONE NUMBER EMAIL ADDRESS 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 Signatu (month, day, year)



A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

Please type or print in ink.

RECEIVED FEB 1.3 2025

NAME OF FILER (LAST)	(FIRST)		(MIDDL	E)
Johner	Claudia			
1. Office, Agency, or Cour	t			
Agency Name (Do not use acro	onyms)	PT 19-100000000000000000000000000000000000	275 Technology	
	RTMENT OF FOOD			
Division, Board, Department, Dis	trict, if applicable		our Position	
Fairs & Expositions / 3	2nd District Agricultural	Assoc.		
► If filing for multiple positions,	list below or on an attachment.	(Do not use acrony	ms)	
Agency			Position: Deputy Mana	ager I
Agency.			i Osidori.	
2. Jurisdiction of Office (Check at least one box)			
State			Judge, Retired Judge, Pro Te (Statewide Jurisdiction)	em Judge, or Court Commissioner
Multi-County		R	County of	
City of			Other	
3. Type of Statement (Che		Manufacture Property and	NICHAS DE LA CASA DEL CASA DE LA CASA DEL CASA DE LA CA	
Annual: The period covere	533 CONTROL ENTROL OF A \$100 CHEEP \$1.35		Leaving Office: Date Left .	
December 31, 202		_		ne circle below.)
The period covere December 31, 202	d is/	, through	☐ The period covered is Jaleaving office.	anuary 1, 2024, through the date of
Assuming Office: Date as	sumed		7.7	
Candidate: Date of Electio	n and of	fice sought, if differen	ent than Part 1:	
4. Schedule Summary (re	quired) ▶ Total	number of page	es including this cover	r page: 1
Schedules attached				
Schedule A-1 - Investme	ents - schedule attached	Sched	ule C - Income, Loans, & Bus	iness Positions - schedule attached
Schedule A-2 - Investme	nts - schedule attached	Sched	ule D - Income - Gifts - sche	dule attached
Schedule B - Real Prope	erfy - schedule attached	Sched	ule E - Income - Gifts - Trave	el Payments - schedule attached
-or- V None - No reporta	ble interests on any sched	ule		
5. Verification				
MAILING ADDRESS STRI (Business or Agency Address Recommen		CITY	STATE	ZIP CODE
88 Fair Drive	1200.3 1200.00111 0000.00100000000000000000000	Costa Mesa	CA	92626
DAYTIME TELEPHONE NUMBER		EMAIL A	DDRESS	
I have used all reasonable diliger herein and in any attached sched				ny knowledge the information contained
I certify under penalty of perju	ry under the laws of the State	of California that		
Date Signed O2 - 13	3 - 2025	Signature		
(mont	h, day, year)	(1 22)		

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 2.8 2025

Please type or print in ink.	
NAME OF FILER (LAST)	(MIDDLE)
Duran Countrey	
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
CALIFORNIA DEPARTMENT OF FOOD & AGRIC	
Division, Board, Department, District, if applicable	Your Position
Fairs & Expositions / 32nd District Agricultural Assoc.	Depoty Monager 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 December 31, 2024.	Leaving Office: Date Left/
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/	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 o	f pages including this cover page:
Schedules attached	
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Concadio A-2 - Investments Solicadio 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	ATTT ZID OOD!
MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
88 Fair Drive Costa Me	
DAYTIME TELEPHONE NUMBER	MAIL ADDRESS
I have used all reasonable diligence in preparing this statement. I have reviewe herein and in any attached schedules is true and complete. I acknowledge this	
I certify under penalty of perjury under the laws of the State of California	
Date Signed 3/26/25 Sign	nature
(month, day, year)	

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 2 6 2025

	e or print in ink.					
	ER (LAST)	(FIRST)			(MIDDLE)	
GAINES		JAMES				
	, Agency, or Co					
	Name (Do not use a	icronyms) PARTMENT OF FOOI	D & AGRICI	II TI IBE		
	, Board, Department,		- Adrilo	Your Position		·
		32nd District Agricultu	ral Assoc.	DEPLITY N	/ANAGER I	ı
		ns, list below or on an attachmen			W COLIT	
			•	• ,		
Agency	r:			Position:		
2. Juris	diction of Office	Check at least one box)				
■ State	е	,		Judge, Retired J (Statewide Juriso		dge, or Court Commissioner
Mult	ti-County			County of		
_						
		heck at least one box)				
	nual: The period cov	ered is January 1, 2024, through	n	Leaving Office		
	December 31,	2024. ered is//	#	The period	(Check one cir	rcie below.) / 1, 2024, through the date of
	December 31,		, through	leaving office	-	1, 2024, unough the date of
_ Ass	suming Office: Date	assumed//		The period	covered is	/, through
Car	ndidate: Date of Elec	and	office sought, if d	ifferent than Part 1:		
4. Sched	dule Summary (required) ► To	tal number of	pages including	this cover pag	ge: 2
Sche	dules attached					
	Schedule A-1 - Inves	ments - schedule attached	Sc	hedule C - Income, I	oans, & Business	Positions - schedule attached
		ments - schedule attached		hedule D - Income -		
_	Schedule B - Real Pi	operty - schedule attached	Sc	hedule E - Income -	Gifts – Travel Pay	ments - schedule attached
-or-	None - No reno	table interests on any sch	edule			
5. Verific		table interests on any sen				
MAILING	ADDRESS S	TREET	CITY		STATE	ZIP CODE
	or Agency Address Recomi ir Drive	nended - Public Document)	Costa Mes	a	CA	92626
	TELEPHONE NUMBER			AIL ADDRESS		
		gence in preparing this statement hedules is true and complete. I			the best of my kno	wledge the information contained
	-	rjury under the laws of the Sta	_	<u>-</u>		
_	2/2	100				
Date Sig	$_{\rm jned} \frac{2/24}{2}$	125	Signa	ture		
	1 (1)	pinn, uay, year)				
						(2024/20

SCHEDULE D Income - Gifts



► NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) PO BOX 10, LAVEEN, AZ 85339	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 7 19 24 250 RIDE PASS	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
s	/ \$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$\$
	1
Comments:	



A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

RECEIVED FEB 2 1 2025

Please type or print in ink.		
NAME OF FILER (LAST) Se Sera David	(MIDDLE)	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
CALIFORNIA DEPARTMENT OF FOOD & AGRIC		
Division, Board, Department, District, if applicable	Your Position	,
Fairs & Expositions / 32nd District Agricultural Assoc.	EVENT COOK	201NATOR
▶ 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 Jud (Statewide Jurisdiction) 	ge, or Court Commissioner
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 circ	
The period covered is/, through December 31, 2024.	The period covered is January leaving office.	1, 2024, through the date of
Assuming Office: Date assumed	The period covered is/_ the date of leaving office.	, through
Candidate: Date of Election and office sought, if	different than Part 1:	
	f pages including this cover pag	e:
Schedules attached		
Concado A-1 - involuncia - Soncado didoned	Schedule C - Income, Loans, & Business	
	Schedule D - Income - Gifts - schedule a	
Schedule B - Real Property – schedule attached	Schedule E - Income – Gifts – Travel Pay	ments – 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 Me	esa CA	92626
	MAII ADDDECC	
I have used all reasonable diligence in preparing this statement. I have reviewe herein and in any attached schedules is true and complete. I acknowledge the		wledge the information contained
I certify under penalty of perjury under the laws of the State of California		
Date Signed $\mathcal{D}/\mathcal{D}/\mathcal{D}$ Sign	nature	
(month, day year)		filing official.)



Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

A FUBLIC DUCUMEN

RECEIVED	MAR	2.8	2025	

Please type or print in ink.				KELEI	AED WAY TO TOTAL
NAME OF FILER (LAST)	(FIRST)			(MIDDLE)	11 Ph. 41.00
JACKSON	DIMETRIA				
1. Office, Agency, or Court					
Agency Name (Do not use acronym CALIFORNIA DEPARTN		GRICU	LTURE		
Division, Board, Department, District,	if applicable		Your Position	<u> </u>	
Fairs & Expositions / 32nd	District Agricultural As	ssoc.	BOARD	OF DIRECTOR	RS
▶ If filing for multiple positions, list t	pelow or on an attachment. (D	o not use	acronyms)		
Agency:			Position:		
2. Jurisdiction of Office (Che	ck at least one box)	-			
State				ired Judge, Pro Tem Ju Jurisdiction)	udge, or Court Commissioner
Multi-County			County of		
City of					
3. Type of Statement (Check a	it least one box)				
Annual: The period covered is December 31, 2024.			Leaving (Office: Date Left (Check one ci	
The period covered is December 31, 2024.	, ti	hrough		eriod covered is Januar g office.	y 1, 2024, through the date of
Assuming Office: Date assum	ed//	-		eriod covered is te of leaving office.	//, through
Candidate: Date of Election _	and office	e sought, i	f different than Part	t 1:	
Schedule Summary (requi	red) ► Total n	umber o	of pages includ	ling this cover page	ge: 5
Schedule A-1 - Investments	- schedule attached	V	Schedule C - Inco	me, Loans, & Business	s Positions - schedule attached
Schedule A-2 - Investments	- schedule attached			me - Gifts - schedule	
Schedule B - Real Property	- schedule attached		Schedule E - Inco	me – Gifts – Travel Pa	yments - schedule attached
or None Ne renertable	interests on any schodule	•			
. Verification	interests on any schedule	3	***		
MAILING ADDRESS STREET		CITY		STATE	ZIP CODE
(Business or Agency Address Recommended - 88 FAIR DRIVE		COSTA	MECA	CA	92626
DAYTIME TELEPHONE NUMBER	·		EMAIL ADDRESS	OA .	32020
(714) 708-1514			DJACKSON@OC	FAIRBOARD.COM	
I have used all reasonable diligence i herein and in any attached schedules					owledge the information contained
I certify under penalty of perjury u	nder the laws of the State of	California	that the		
Date Signed 03/15/2025		Sig	nature		ment with your filing official.)
(month, day	Longi				

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	► 1. BUSINESS ENTITY OR TRUST
	Independent Contractor (spouse)
Name	Name 1 League, Ste 60733, Irvine, CA
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	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
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT ☐ Partnership ■ Sole Proprietorship │ ☐ Other
YOUR BUSINESS POSITION	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)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 OVER \$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	➤ 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:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
INVESTMENT REAL PROPERTY	REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of 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	Description of Business Activity <u>or</u> 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	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Yrs. remaining Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
	II ·

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	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 453-152-51
CITY Irvine	CITY Irvine
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
■ Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Yrs. remaining Other	Leasehold Yrs. remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
■ \$10,001 - \$100,000	■ \$10,001 - \$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.	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	None
* You are not required to report loans from a commercial business on terms available to members of the public values loans received not in a lender's regular course of busin	lending institution made in the lender's regular course of without regard to your official status. Personal loans and less must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	% None
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	

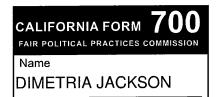
SCHEDULE C Income, Loans, & Business Positions

(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	NAME OF SOURCE OF INCOME
Bracy Hawkins Law P.C.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1950 S. Sunwest Ln, Suite 301, San Bernardino, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Of Counsel	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other (Describe)	Other(Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	
	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
	(Describe)

SCHEDULE D Income - Gifts



► NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS	► NAME OF SOURCE (Not an Acronym) CELEBRATION FESTIVALS LLC		
ADDRESS (Business Address Acceptable) PO BOX 10, LAVEEN, AZ 85339	ADDRESS (Business Address Acceptable) 48 WATERWORKS WAY, IRVINE, CA 92618		
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR	BUSINESS ACTIVITY, IF ANY, OF SOURCE WINTER FEST EVENT PROMOTER		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
07 19 24 500 RIDE PASS	12 16 24 570.00 WINTER FEST TICKETS		
	\$		
► NAME OF SOURCE (Not an Acronym) SOCAL VEGFEST	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable) 17426 Studebaker Rd, Cerritos, CA 90703	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE EVENT PROMOTER	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
10 26-27 24 60 SOCAL VEGFEST TICKETS	\$		
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
	\$		
	\$		
	 		
Comments:			



A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 2 5 2025

Please type or print in ink. NAME OF FILER (LAST) (FIRST) Don Michiko De Guzman 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) 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 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2024, through Leaving Office: Date Left _____/___/ December 31, 2024. (Check one circle below.) -or-The period covered is ______, through | | The period covered is January 1, 2024, through the date of leaving office. December 31, 2024. The period covered is ______, through Assuming Office: Date assumed _____/____ 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 C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- ✓ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STATE ZIP CODE (Business or Agency Address Recommended - Public Document) CA 92626 88 Fair Drive Costa Mesa 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 Signature



A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 2 7 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 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: ___ 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 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2024, through Leaving Office: Date Left ____/__ December 31, 2024. (Check one circle below.) -or-☐ The period covered is January 1, 2024, through the date of The period covered is ______, through leaving office. December 31, 2024. The period covered is ______, through Assuming Office: Date assumed _____/____ 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 C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached ✓ Schedule B - Real Property - schedule attached -or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET STATE ZIP CODE (Business or Agency Address Recommended - Public Document) COSTA MESA 88 FAIR DRIVE CA 92626 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (714) 708-1514 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 t Signature

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name DOUGLAS LA BELLE

-	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	Jack in the Box		Hyatt Hotels
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Fast Food Restaurants		Hotels
	FAIR MARKET VALUE	j ,	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000		\$2,000 - \$10,000
	S100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT Stock Other (Describe)] ,	NATURE OF INVESTMENT Stock Other (Describe)
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)		Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	1	IF APPLICABLE, LIST DATE:
	, ,24 6 ,6 ,24		<u>, ,24</u> 6 ,24 , 24
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
—	NAME OF BUSINESS ENTITY	▶	NAME OF BUSINESS ENTITY
	Delta Airlines		Johnson and Johnson
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
	Airline		Health care products
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000		\$2,000 - \$10,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Uber (Describe)		Stock Other(Describe)
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)		☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)
	~ · · · · · · · · · · · · · · · · · · ·		
	IF APPLICABLE, LIST DATE:		F APPLICABLE, LIST DATE:
	, 24 6,6 24		, , 24 6 ,23 , 24
	ACQUIRED DISPOSED	1	ACQUIRED DISPOSED
—	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	General Motors		Union Pacific
	GENERAL DESCRIPTION OF THIS BUSINESS] ;	GENERAL DESCRIPTION OF THIS BUSINESS
	Automobile Manufacturer		Railroad
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000		\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	;	NATURE OF INVESTMENT
	Stock Other		Stock Other
	(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)		Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	[,	F APPLICABLE, LIST DATE:
	, , ₂₄ 5 ,30 , ₂₄		, ₁₂₄ 5 ,28 , ₂₄
	ACQUIRED DISPOSED	-	ACQUIRED DISPOSED
	'	•	

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS LA BELLE

▶	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Wells Fargo	American Airlines
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Bank	Airline
	FAIR MARKET VALUE	FAIR MARKET VALUE
	3 \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other(Describe)	Stock Other(Describe)
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	, , 24 6 ,6 , 24	, _{/24} 5 _/ 28 _{/24}
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Bank of America	Tootsie Roll
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Bank	Candy Manufacturer
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
	\$100,001 - \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other (Describe)	Stock Other (Describe)
	☐ Partnership ☐ Income Received of \$0 - \$499	☐ Partnership ☐ Income Received of \$0 - \$499
	☐ Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	, , ₂₄ 6 ,10 , ₂₄	5 ₁ 28 ₁₂₄
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
<u>_</u>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Broadcom	IBM
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Chip Manufacturer	Business Machines
	FAIR MARKET VALUE	FAIR MARKET VALUE
	3 \$2,000 - \$10,000	\$2,000 - \$10,000
	\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other (Describe)	Stock Other (Describe)
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	, , 24 6 , 10 , 24	/ / 24 5 / ²⁸ / 24
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
	'	•

Comments: .

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

Name **DOUGLAS LA BELLE**

CALIFORNIA FORM

FAIR POLITICAL PRACTICES COMMISSION

Investments must be itemized. Do not attach brokerage or financial statements.

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Restaurant Brands	Visa
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Restaurants	Banking Services
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe) ☐ Partnership ☐ Income Received of \$0 - \$499
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
General Dynamics	Gencora (Anersource Bergen)
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Aerospace	PHARMA
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$1 0,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499	☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 24 6 , ¹¹ , 24	/ /24//24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
RTX Raytheon	Skyworks Solutions Inc.Inc.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Air Defense Systems	Computer Chips
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
6 , 16 _{/24} , /24	/ /24 / /24
ACQUIRED DISPOSED	ACQUIRED DISPOSED

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

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

DOUGLAS LA BELLE

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Moudelez International Inc.	Pepsi Co.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Food processing	Soft Drinks and Food Products
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	<u>\$2,000 - \$10,000</u> \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Cisco Systems	Wendys
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Computer Systems	Fast Food Restaurants
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
6,3,24	1 , , , , , 6 , 11 , , , , , , , , , ,
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Jack in The Box	Coca Cola Co.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Fast Food Restsurants	Soft Drink Manufacturer
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe) Partnership Income Received of \$0 - \$499
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Pepsi sold all but 50 shares	
Comments: 1 Cp3i 30id aii bat 30 3ilaic3	

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name DOUGLAS LA BELLE

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Penske Automotive	META (Facebook)
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Automobile Sales	Computer Services
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY Cotorpillor loc
Home Depot GENERAL DESCRIPTION OF THIS BUSINESS	Caterpillar Inc. GENERAL DESCRIPTION OF THIS BUSINESS
Home Improvement	
Home improvement	Industrial Machinery
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
	_
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Lockheed Martin	Lithia Motors
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Aero Space	Automobile Franchise
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,000 \$100,000 Over \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
6 , 10 ,24	, ,24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments: Bought 5 shares Lockheed Martin 6/10	"

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS LA BELLE

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Walt Disney Holdings	Chevron
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Theme Parks/Entertainment	Petroleum Produts
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 24 2 ,23 , 24	/ / 24 2 /23 / 24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Duke Energy	Molson/Coors
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Electric Utility	Beer Production
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
McDonalds Restaurants	Southwest Airlines
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Fast Food Restaurants	Airline
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$\bigcup \$10,001 - \$100,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
Partnership Income Received of \$0 - \$499	Partnership ☐ Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
•	•

Comments: _

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	► NAME OF BUSINESS ENTITY
Amazon	Sarepta Theraputics
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Internet Retail Services	Precision Generic Medicine
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	00
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More	☐ Partnership ☐ Income Received of \$0 - \$499
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
6 ,12 , 24 / , , 24	6 ,25 , ₂₄ 12 ,10 , ₂₄
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Bristol Meyers Squibb Co.	Manulfe Financial Corp.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Biotech	Financial Services
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	00
\$100,001 - \$1,000,000 Over \$1,000,000	Sver \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More	(Report on Schedule C) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	<u></u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Walmart Inc.	Kenvue Inc.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Retail Sales	Retail Health care Priducts
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \qquad \$10,001 - \$100,000 \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qqqq\qqqq\qqqq\qqqqqqqqqqqqqqqqqqqqq
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More	(Report on Schedule C) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//24//24	
ACQUIRED DISPOSED	ACQUIRED DISPOSED

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name DOUGLAS LA BELLE

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Netflix	Lennar Inc.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Entertainment Streaming service	Developer/ Commercial & Residential Property
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
12 ,19 ,24 / ,24	4 12 24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Google	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Internet Social Media Platform	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
6 ,10 , , , ,	1 24 24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Costco	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Membership Retail Sales	,
FAIR MARKET VALUE	FAIR MARKET VALUE
\$10,000 - \$10,000 \$100,000 Over \$1,000,000	\$10,000 - \$10,000 \$10,001 - \$100,000 \$100,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) ☐ Partnership ☐ Income Received of \$0 - \$499	(Describe) ☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
5 , 11 ,24 , ,24	
ACQUIRED DISPOSED	ACQUIRED DISPOSED .
Costco Bought 5/11,6/16,6/20, 59 shares Tot.L	ennar Bought 4/12, 6/25 41 shares Total
Comments:	ennar bought 4/12, 0/20 41 Shares Total

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION **DOUGLAS LA BELLE**

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Apple Inc.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Computer Systems
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	6 ,18 ,24 7 ,29 ,24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
White of Bookess Elvill	14 MME ST BOOMESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	545 44245
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other (Describe)
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//24	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments: Apple Buy 6/18,6/20 50 shares Tot. Se	Il 7/29 50 shares.

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	► NAME OF BUSINESS ENTITY
Advanced Micro Devices	Crowdstrike Holdings Inc.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Semiconductor Devices	Cybersecurity Company
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
if APPLICABLE, LIST DATE: 2	IF APPLICABLE, LIST DATE: 2
► NAME OF BUSINESS ENTITY Intel Corp.	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS Computer Hardware & Sortware	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000	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)	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	IF APPLICABLE, LIST DATE: //24
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$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)	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	11

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

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name **DOUGLAS LA BELLE**

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Dell	Pfizer
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Computer Sysrems	Pharmacy
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \qquad \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other (Describe)
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
5 ,30 , 24 7 ,18 , 24	2 /24 /24 12 /14 /24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	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)	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	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	// 24 // 24
ı	

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

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name DOUGLAS LA BELLE

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Novo-Nordisk
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	PHARMA
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
☐ Stock ☐ Other	Stock Other
☐ Partnership ☐ Income Received of \$0 - \$499	(Describe) ☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	26
	2 /20 /24 // /24 ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
TO NAME OF BOOKESS EXTENT	IVANIE OF BOOKESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE
\$100,001 - \$1,000,000 Over \$1,000,000	\$10,000 - \$10,000 \$10,000 \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
☐ Partnership ☐ Income Received of \$0 - \$499	(Describe) ☐ Partnership ☐ Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	-
FAIR MARKET VALUE ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 ☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000	\$2,000 - \$10,000 \$10,000 \$100,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
☐ Partnership ☐ Income Received of \$0 - \$499	(Describe) ☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
1 124 1 124	/ /24 / /24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
New No. 100 044 044 0400 00 1	
Comments: Nordisk Buy 2/26,3/18,6/14, 8/20 60 sh	nares iotal

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name **DOUGLAS LA BELLE**

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Eli Lilly Corp.	Advanced Micro Devices
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals	Computer Processors
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
6 ,5 ,24	2 ₁ 26 ₁₂₄ 7 ₁ 11 ₁₂₄
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Intel Inc.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Computer Software
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$\bigcup \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	2 <u>26</u> <u>7</u> <u>18</u> <u>24</u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Amngen
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Healthcare/Pharma
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$ 10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
☐ (Describe) ☐ Partnership ☐ Income Received of \$0 - \$499	(Describe) Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//24//24	6/ 10 /24 / /24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Amgen Ruy 6/10 shares Lilly Ruy 6/5 1/	0 14 26 7/26 1160 shares Tot

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name **DOUGLAS LA BELLE**

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Palantir Trchnologies	I Will of Scinizes Living
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Software Platforms	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
6 ,6 ,24 , ,24	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Microsoft	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Computer Ware	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000	☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
6 ,14 ,24 , ,24	
ACQUIRED DISPOSED	//24
NAME OF BURINESS ENTITY	NAME OF DUOINGOO ENTITY
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
General Mills	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Food sales and Manufacturing	
FAIR MARKET VALUE	FAIR MARKET VALUE
2 ,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT ☐ Stock ☐ Other
Partnership Income Received of \$0 - \$499	(Describe) ☐ Partnership ☐ Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, 24 6 ,6 ,24	II /II LIONDEL, LIOT DATE.
ACQUIRED DISPOSED	// 24
Palantir 6/6 6/26 250 charge Tot Microsoft 6/14 25 S	

Comments: .

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name DOUGLAS LA BELLE

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Occidental Petroleum	Invidia
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Petroleum Products	Computer chips
FAIR MARKET VALUE	FAIR MARKET VALUE
<u>\$2,000 - \$10,000</u> \$10,001 - \$100,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 24 5 ,29 , 24	2 <u>/26</u> <u>/24 </u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
// 24 // 24 ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments: Invidia Buy 2/26,5/24,528,615 50 shares Total. Sold 7/24 2	40 shares.Oxy sold 5/29,5/30 340 shares Tot.

SCHEDULE B Interests in Real Property (Including Rental Income)

CAL	IFORNI	A FORN	70	00
FAIR F	POLITICAL	PRACTICES	COMMI	SSION

Name

DOUGLAS LA BELLE

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1643 Beechwood CITY Costa Mesa, CA	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS CITY
FAIR MARKET VALUE S2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED S100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000 Over \$1,000 Other Leasehold Case C	FAIR MARKET VALUE S2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED
	cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the public	c without regard to your official status. Personal loans and
business on terms available to members of the public loans received not in a lender's regular course of bus	c without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of bus	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable)	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES (
Name	

DOUGLAS LA BELLE

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Apple Inc.	Microsoft Corp.
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Apple Parkway Cupertino CA	Microsoft Campus Redmond Washigton
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Computer Manufacturer	Computer Tech
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Stockholder	Stockholder
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qqquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq	\$ \$500 - \$1,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.) Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	ERIOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	OF CURITY FOR LOAN
	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	Notice Transfer to the first test test test to the first test test test test test test test t
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
O	
Comments:	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
DOUGLAS LA BELLE

NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
Gencora Amersourrce Bergen	NAME OF SOURCE OF INCOME Lennar Corp.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable) Lennar Corp. Waterford District Dr. Miami	
Conshohoken, 1 West !st Ave.PA		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Global HealthConpany	Residential Developer Financial Services	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
Stockholder	Stockholder	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only	
\$500 - \$1,000 \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq	\$500 - \$1,000 \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq	
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	
Sale of	Sale of	
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)	
Loan repayment	Loan repayment	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more	
(Describe)	(Describe)	
Other	Other	
(Describe)	(Describe)	
a retail installment or credit card transaction, made in t	l lending institution, or any indebtedness created as part of he lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)	
	% None	
ADDRESS (Business Address Acceptable)		
	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence	
	Real Property	
HIGHEST BALANCE DURING REPORTING PERIOD	Street address	
\$500 - \$1, 000		
\$1,001 - \$10,000	City	
	Guarantor	
\$10,001 - \$100,000		
OVER \$100,000	Other(Describe)	
	(บอริปเทย)	
Comments:		

SCHEDULE D Income – Gifts



► NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS	► NAME OF SOURCE (Not an Acronym) CELEBRATION FESTIVALS LLC	
ADDRESS (Business Address Acceptable) PO BOX 10, LAVEEN, AZ 85339	ADDRESS (Business Address Acceptable) 48 WATERWORKS WAY, IRVINE, CA 92618	_
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR	BUSINESS ACTIVITY, IF ANY, OF SOURCE WINTER FEST EVENT PROMOTER	_
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	_
97,19,24 500 RIDE PASS	12 16 24 570.00 WINTER FEST TICKETS	
► NAME OF SOURCE (Not an Acronym) Boys Republic	► NAME OF SOURCE (Not an Acronym) BVW LLC	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
1907 Boys Republic Drive Chino Hills CA	17 Goddatd Ave, Irvine CA 92678	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Group Home Operator	CPA	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	_
12,1,24 \$80.95 Holiday Wrearh	9 1 24 298 Wine/Omaha	
	9,1,24 Steak Package	_
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	_
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
		_
\$		_
Comments:		_

A PUBLIC DOCUMENT

Date Initial Filing Received

RECEIVED FEB 2 1 2025

Please type or print in ink. NAME OF FILER (LAST) (FIRST) 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 Deputy Manager I Fairs & Expositions / 32nd District Agricultural Assoc. ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: _ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) Multi-County _____ County of City of 3. Type of Statement (Check at least one box) Leaving Office: Date Left ___ Annual: The period covered is January 1, 2024, through (Check one circle below.) December 31, 2024. The period covered is _______, through ☐ The period covered is January 1, 2024, through the date of leaving office. December 31, 2024. -or-___/_____, through The period covered is ____ Assuming Office: Date assumed _____/___ 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 C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- 🖊 None - No reportable interests on any schedule Verification MAILING ADDRESS 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 revi est 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 tha Date Signed Feb. 19, 2025 Signatu iling official.) (month, day, year)



A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 2 1 2025

Please type or print in ink.		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
ESTRADA	Ent	<u>L</u>
1. Office, Agency, or Court		
Agency Name (Do not use acronyms	5)	
CALIFORNIA DEPARTI		
Division, Board, Department, District,	if applicable	Your Position
Fairs & Expositions / 32nd	District Agricultural A	ASSOC. EVENT CODEDINATOR
▶ If filing for multiple positions, list b	elow or on an attachment. (Do	o not use acronyms)
Agency:		Position:
2. Jurisdiction of Office (Chec	k 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 December 31, 2024.	•	Leaving Office: Date Left//(Check one circle below.)
-or- The period covered is . December 31, 2024.	, th	
Assuming Office: Date assume	d/	The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office	e sought, if different than Part 1:
4. Schedule Summary (requi	red) Total nu	umber of pages including this cover page:
Schedules attached	- Protein	amber of pages molading this cover page.
Schedule A-1 - Investments -	schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments -		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property -	schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
_ /.		
-or- None - No reportable i	nterests on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - I		CITY STATE ZIP CODE
88 Fair Drive		Costa Mesa CA 92626
	to statement 1 box	
herein and in any attached schedules	is true and complete. I acknow	owledge this is a public document.
I certify under penalty of perjury ur		
Details 2 1/ -20	275	21
Date Signed 2-16-20 (month, day,	year)	Signature

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 1 9 2025

Ple	ease type or print in ink.				
	ME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Νι	unez	Evelyn			
	Office, Agency, or Court				
	Agency Name (Do not use acronyms, CALIFORNIA DEPART)		& AGRICULTUF	RE	
	Division, Board, Department, District, i	f applicable	Your	Position	
	Fairs & Expositions / 32nd	District Agricultura	al Assoc. Infe	ormation Specialist	
	► If filing for multiple positions, list be	low or on an attachment.	(Do not use acronyms)		
	Agency:		Posi	ion:	
2.	Jurisdiction of Office (Check	at least one box)			
	■ State			ge, Retired Judge, Pro Tem Jud tewide Jurisdiction)	dge, or Court Commissioner
	Multi-County		Cou	nty of	
	City of		_		
3.	Type of Statement (Check at	least one box)			
	Annual: The period covered is 3 December 31, 2024.	anuary 1, 2024, through	☐ Le	aving Office: Date Left (Check one circ	
	The period covered is _ December 31, 2024.		_, through	The period covered is January leaving office.	1, 2024, through the date of
	Assuming Office: Date assume	d/_		The period covered is the date of leaving office.	, through
	Candidate: Date of Election	and c	office sought, if different the	an Part 1:	
	Schedule Summary (require Schedules attached	ed) ► Tota	l number of pages	including this cover pag	ge: 1
	Schedule A-1 - Investments - Schedule A-2 - Investments - Schedule B - Real Property -	schedule attached	Schedule I	C - Income, Loans, & Business D - Income – Gifts – schedule a E - Income – Gifts – Travel Pa	attached
-0	or- 🗸 None - No reportable ii	nterests on any sched	dule		
5.	Verification			<i>y</i>	
	MAILING ADDRESS STREET (Business or Agency Address Recommended - F	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 state		owledge the information contained
	herein and in any attached schedules	is true and complete. I a	cknowledge this is a publ		•
	I certify under penalty of perjury un	der the laws of the Stat	e of California that		
	Date Signed	-S	Signatu		
_					



STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Received **COVER PAGE**

A PUBLIC DOCUMENT

RECEIVED FEB 1 0 2025

Please type							
NAME OF FILE	R (LAS			(MIDDLE)			
Young		Evy					
1. Office,	Ager	cy, or Court					
	Agency Name (Do not use acronyms)						
		NIA DEPARTMENT OF FOO	D & AGRI				
		Department, District, if applicable		Your Position			
		ositions / 32nd District Agricultu					
► If filin	g for mu	ıltiple positions, list below or on an attachme	nt. (Do not use	e acronyms)			
Agency:				Position:			
2. Jurisc	liction	of Office (Check at least one box)	···				
State				Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)			
Multi-	-County	11777		County of			
				Other			
		tement (Check at least one box)					
	De	ne period covered is January 1, 2024, throug ecember 31, 2024.	h	Leaving Office: Date Left//(Check one circle below.)			
		ne period covered is/	, through	Heaving office.			
Ass	uming (Office: Date assumed/	<u>-</u>	The period covered is/, through the date of leaving office.			
Can	didate:	Date of Election an	d office sought,	if different than Part 1:			
4. Sched	lule S	ummary (required) ► To	otal number	of pages including this cover page: 2			
Sched	lules	attached					
S	chedule	A-1 - Investments – schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached			
S	chedule	A-2 - Investments - schedule attached	V	Schedule D - Income - Gifts - schedule attached			
S	chedule	B - Real Property - schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached			
-or- 5. Verifica	en e	 No reportable interests on any sch 	nedule 				
MAILING A		STREET	CITY	STATE ZIP CODE			
(Business	or Agency	Address Recommended - Public Document)					
88 Fair		NE NUMBER	Costa M	Mesa CA 92626			
DATTIME	ILLEFINO	VE NUMBER		EMAIL ADDRESS			
		asonable diligence in preparing this statemer attached schedules is true and complete.		wed this statement and to the best of my knowledge the information contain			
		enalty of perjury under the laws of the St					
,	P						
Date Sig	ned F	ebruary 10, 2025	Sig	gnature			
	*********	(month, day, year)					

SCHEDULE D Income - Gifts



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



A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

RECEIVED FEB 1 1 2025

Pleas	se type or print in ink.				
NAME	OF FILER (LAST)	(FIRST)		(MIDDLE)	
LEA	ARY	FRANCES			
1. 0	Office, Agency, or Court				
A	gency Name (Do not use acronyms)				<u>-</u> 3
(CALIFORNIA DEPARTMENT	OF FOOD & AGE	RICULTURE		
D	division, Board, Department, District, if applic	able	Your Position		
F	Fairs & Expositions / 32nd Distr	ct Agricultural Assoc	EVENT	COORDINATO	OR
•	If filing for multiple positions, list below or	on an attachment. (Do not	use acronyms)		
A	Agency:		Position:		
2	Jurisdiction of Office (Check at lea	st one box)			
ı	State		Judge, Reti (Statewide J		dge, or Court Commissioner
1	Multi-County		County of		
	City of				
	Type of Statement (Check at least of				
<u></u>	Annual: The period covered is January December 31, 2024.		Leaving C	Office: Date Left	
	The period covered is	, through	The pe leaving -or-		1, 2024, through the date of
	Assuming Office: Date assumed	<i>J</i>	☐ The pe	riod covered is e of leaving office.	through
	Candidate: Date of Election	and office soug	ht, if different than Part	1:	
4. 5	Schedule Summary (required)	► Total number	er of pages includ	ing this cover pag	ne. 2
	Schedules attached	P Total Hamo	or or pages mona	ing time vever pas	
	Schedule A-1 - Investments - schedu	le attached	Schedule C - Incom	me, Loans, & Business	Positions - schedule attached
	Schedule A-2 - Investments - schedu		Schedule D - Incom		
	Schedule B - Real Property - schedu		Schedule E - Incom	me – Gifts – Travel Pay	ments - schedule attached
102,000	- M	9 989			
-	- None - No reportable interest	s on any schedule			
67	erification MAILING ADDRESS STREET	CITY		STATE	ZIP CODE
(l	Business or Agency Address Recommended - Public Doc	ument)			
	88 Fair Drive	Costa	A Mesa EMAIL ADDRESS	CA	92626
	AYTIME TELEPHONE NUMBER		EMAIL ADDRESS	i.	
	have used all reasonable diligence in prepari erein and in any attached schedules is true				wledge the information contained
	certify under penalty of perjury under the	NY GRAFFI DORAWITO STRUCTURES	40 May 20		
D	ate Signed 2-11-20 (month, day, year)	25	Signature		* ***
	finantial apply look				

SCHEDULE D Income - Gifts



► NAME OF SOURCE Lopez Works,	7.5	n)	► NAME OF SOURC	E (Not an Acrony	m)
ADDRESS (Busines		able) abuco Canyon, CA 92679	ADDRESS (Busines	ss Address Accep	table)
BUSINESS ACTIVI			BUSINESS ACTIVI	TY, IF ANY, OF 8	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12,20,24	\$	gift card		\$	
	\$			\$	
	\$			\$	
NAME OF SOURCE	CE (Not an Acronyn	n)	► NAME OF SOURC	E (Not an Acrony	m)
ADDRESS (Busine	ss Address Accepta	able)	ADDRESS (Busines	ss Address Accep	table)
BUSINESS ACTIVI	ITY, IF ANY, OF S	OURCE	BUSINESS ACTIVI	TY, IF ANY, OF 8	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	
	\$			\$	
	\$			\$	
► NAME OF SOURCE	CE (Not an Acronyn	n)	► NAME OF SOURC	E (Not an Acrony	m)
ADDRESS (Busine	ss Address Accepts	able)	ADDRESS (Busines	ss Address Accep	table)
BUSINESS ACTIV	ITY, IF ANY, OF S	OURCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	
	\$			\$	
	\$			\$	
Commente					
Comments.					

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

RECEIVED FEB 1 8 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 Fairs & Expositions / 32nd District Agricultural Assoc. Event Coordinator ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: ___ 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 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2024, through Leaving Office: Date Left ____/_ December 31, 2024, (Check one circle below.) -or-☐ The period covered is January 1, 2024, through the date of The period covered is _______, through leaving office. December 31, 2024. The period covered is ____ Assuming Office: Date assumed _____/____/ the date of leaving office. _____ and office sought, if different than Part 1: ____ Candidate: Date of Election 4. Schedule Summary (required) ▶ Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments – schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or-

✓ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STATE ZIP CODE STREE (Business or Agency Address Recommended - Public Document) 88 Fair Drive Costa Mesa CA 92626 **EMAIL ADDRESS** 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 Signature

nt with your filing efficial.)



A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 2 8 2025

Please type or print in ink.	
NAME OF FILER (LAST) LUNCA (FIRST) (FIRST)	
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
CALIFORNIA DEPARTMENT OF FOOD & AGE	
Division, Board, Department, District, if applicable	Your Position
Fairs & Expositions / 32nd District Agricultural Asso	
▶ 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.)
The period covered is/, through December 31, 2024.	The period covered is January 1, 2024, through the date of leaving officeor-
Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
Candidate: Date of Election and office sou	ht, if different than Part 1:
4. Schedule Summary (required) ► Total numb	er 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 E - Income - Gifts - Travel Payments - schedule attached
Schedule B - Real Property – schedule attached	Scriedule E - Income - Gills - Maver Payments - Scriedule attached
-or- 🔀 None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	a Mesa CA 92626
DAYTIME TELEPHONE NUMBER	EMAIL
I have used all reasonable diligence in preparing this statement. I have re herein and in any attached schedules is true and complete. I acknowled	viewed this statement and to the pest of my knowledge the information contained ge this is a public document.
I certify under penalty of perjury under the laws of the State of Calif	
2/27/25	Circolum
Date Signed	Signature official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 2 6 2025

Ple	ease type or print in ink.			
	ME OF FILER (LAST)	(FIRST)	(MIDDLE)	
S	Sanchez	Jannet		
1.	Office, Agency, or Court			·
	Agency Name (Do not use acronyms) CALIFORNIA DEPARTM	ENT OF FOOD & AGE	RICULTURE	
	Division, Board, Department, District, if	applicable	Your Position	
	Fairs & Expositions / 32nd [District Agricultural Association	c. Facility Marketing Rep	resentative
	▶ If filing for multiple positions, list belo	ow 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 Jugge, (Statewide Jurisdiction)	udge, or Court Commissioner
	Multi-County	.,	County of	· · · · · · · · · · · · · · · · · · ·
	City of		Other	
3.	Type of Statement (Check at le	east one box)	30.1	
	Annual: The period covered is Ja December 31, 2024.	nuary 1, 2024, through	Leaving Office: Date Left (Check one ci	
	The period covered is December 31, 2024.	/, through	The period covered is Januar leaving office. -or-	y 1, 2024, through the date of
	Assuming Office: Date assumed		The period covered isthe date of leaving office.	/, through
	Candidate: Date of Election	and office sough	ht, if different than Part 1:	
4.	Schedule Summary (require	d) ► Total numbe	er of pages including this cover page	ge: 2
	Schedules attached			
	Schedule A-1 - Investments – s Schedule A-2 - Investments – s		Schedule C - Income, Loans, & Business Schedule D - Income - Gifts - schedule	
	Schedule B - Real Property – s	onodalo didonod	Schedule E - Income - Gifts - Travel Pa	
_	or- None - No reportable int	erests on any schedule		· · · · · · · · · · · · · · · · · · ·
5.	Verification	0.77	02175	70.005
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Pub	olic Document)	STATE	ZIP CODE
	88 Fair Drive DAYTIME TELEPHONE NUMBER	Costa	Mesa CA	92626
	DATTIME TELEPHONE NUMBER		FROM ADDRESS	
	I have used all reasonable diligence in p herein and in any attached schedules is		iewed this statement and to the best of my kno e this is a public document.	owledge the information contained
	I certify under penalty of perjury under	er the laws of the State of Califo	ornia that the foresteins in two and correct	
	Date Signed Fubruary 2	4.2025	Signature	vith your filing official.)
	,	·		

SCHEDULE D Income - Gifts



Segeratrom Center for the Arts ADDRESS (Business Address Acceptable) 600 Town Center Dr. Costa Mesa, CA 92626 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) ADDRESS (Business Address Acceptable)	► NAME OF SOURCE	E (Not an Acronym)			► NAME OF SOURC	E (Not an Acronym)
600 Town Center Dr, Costa Mesa, CA 92626 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE (Not an Acronym) ADDRESS (Business Activity, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE (Not an Acronym) ADDRESS (Business Activity, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE (Not an Acronym) ADDRESS (Business Activity, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	Segerstrom C	Center for the A	rts	_			
BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) O8 , 06 , 24				_	ADDRESS (Busines	ss Address Accepta	ble)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 08 06 24 \$ 145 Show ticket	600 Town Ce	nter Dr, Costa	Mesa, CA 92626	_			
08, 06, 24 \$ 145 Show ticket	BUSINESS ACTIVI	TY, IF ANY, OF SO	URCE		BUSINESS ACTIVI	TY, IF ANY, OF SO	DURCE
	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	-	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)	08,06,24	\$	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)		\$		-		\$	
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		\$				\$	· · · · · · · · · · · · · · · · · · ·
BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	► NAME OF SOURC	E (Not an Acronym)			► NAME OF SOURC	E (Not an Acronym)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	ADDRESS (Busines	ss Address Acceptab	le)	-	ADDRESS (Busines	ss Address Accepta	ble)
	BUSINESS ACTIVI	TY, IF ANY, OF SO	URCE	-	BUSINESS ACTIVI	TY, IF ANY, OF SC	DURCE
	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	-	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
NAME OF SOURCE (Not an Acronym) NAME OF SOURCE (Not an Acronym)		\$		-		\$	
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)	/	\$		-		\$	
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		\$][\$	
BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) //	► NAME OF SOURCE	E (Not an Acronym)			NAME OF SOURCE	E (Not an Acronym	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) //	ADDRESS (Busines	s Address Acceptabl	e)	-	ADDRESS (Busines	s Address Acceptai	ole)
	BUSINESS ACTIVIT	TY, IF ANY, OF SOL	JRCE	-	BUSINESS ACTIVIT	TY, IF ANY, OF SC	URCE
	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	-	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
		\$		-	/	\$	
\$ Comments:		\$		-		\$	
Comments:		\$		_		\$	
Comments:							
	Comments:						

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

RECEIVED FEB 2 6 2025

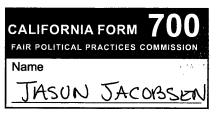
Date Initial Filing Received

Filing Official Use Only

fppc.ca.gov Page - 6

Please type or print in ink. 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 DEPUTY MANAGER II Fairs & Expositions / 32nd District Agricultural Assoc. ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 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 Leaving Office: Date Left ____ December 31, 2024. (Check one circle below.) -or-The period covered is ______, through The period covered is January 1, 2024, through the date of leaving office. December 31, 2024. The period covered is ______, through Assuming Office: Date assumed ____/__/ the date of leaving office. Candidate: Date of Election _____ and office sought, if different than Part 1:_ Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached ✓ Schedule D - Income – Gifts – schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -Or- None - No reportable interests on any schedule Verification MAILING ADDRESS ZIP CODE (Business or Agency Address Recommended - Public Document) 88 Fair Drive Costa Mesa DAYTIME TELEPHONE NUMBER I have used all reasonable diligence in preparing this statement. I have revie 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 2/18/2025 Signatur (month, day, year) (2024/2025)

SCHEDULE D Income - Gifts



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



A PUBLIC DOCUMENT

Date Initial Filing Received

RECEIVED FEB 1 4 2025

NAME OF FILER (LAST)	(FIRST)		Water to work the same of the	(MIDDLE)		
Willson	Jeffrey					
1. Office, Agency, or Court						
Agency Name (Do not use acron	yms)				***	
CALIFORNIA DEPAR	TMENT OF FOO	D & AGRI	CULTURE		24	
Division, Board, Department, Distr	ict, if applicable		Your Position			
Fairs & Expositions / 32	nd District Agricultu	ıral Assoc.	Deputy Ma	anager I		
▶ If filing for multiple positions, lis	st below or on an attachme	nt. (Do not use	acronyms)			
Agency:			Position:		ti .	
2. Jurisdiction of Office (c.			on the subscription of the sus-			
20	neck at least one box)	\$ 1			1.00	
State	⊛		Judge, Retired (Statewide Juris		dge, or Court Commissioner	
Multi-County			County of	784 		
City of					6	
3. Type of Statement (Check	k at least one box)					
	December 31, 2024.			Leaving Office: Date Left/(Check one circle below.)		
-or- The period covered December 31, 2024	is/ l.	, through	☐ The period leaving offi		1, 2024, through the date of	
Assuming Office: Date assi	umed		☐ The period	I covered is f leaving office.	/, through	
Candidate: Date of Election	an	d office sought,	if different than Part 1:_			
I. Schedule Summary (req	uirad) > To	tal number	of pages including	this source no	1	
Schedules attached	uncu) = 10	itai Huillisei	or pages including	illis cover paç	je. ,	
Schedule A-1 - Investmen	ete schodula attached	1	Schedule C - Income.	Loans, & Business	Positions - schedule attache	
Schedule A-2 - Investmen			Schedule D - Income			
Schedule B - Real Proper			Schedule E - Income -	– Gifts – Travel Pay	ments – schedule attached	
	ii					
-or- 🔽 None - No reportable	le interests on any sch	redule				
5. Verification						
MAILING ADDRESS STREE (Business or Agency Address Recommende		CITY		STATE	ZIP CODE	
88 Fair Drive	u - rubiic Documenty	Costa N	/lesa	CA	92626	
DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS	_		
I have used all reasonable diligend herein and in any attached schedu			this is a public documen	the best of t.		
I certify under penalty of perjury	/ under the laws of the Sf	ate of Californ	ia that the foregoing is	s true and o		
Date Signed 02/10/25		Si	_{gnature} Jeffrey Wi	llson		
	day, year)	OI.		originally signed		



A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

RECEIVED FEB 1 1 2025

NAME OF FILER (LAST)	(FIRST)			(MIDDLE)	
ELDRIDGE	JERRY				
1. Office, Agency, or Court					
Agency Name (Do not use acronyms	s)				
CALIFORNIA DEPARTI	MENT OF FOOD &	AGRICUL	TURE		
Division, Board, Department, District,	if applicable		Your Position		
Fairs & Expositions / 32nd	District Agricultural	Assoc.	CHIEF PLAN	T OPER/	ATIONS III
▶ If filing for multiple positions, list b	elow or on an attachment. (L	Do not use acro	lyms)		
Agency:	,	- B	Position:		
2. Jurisdiction of Office (Chec	k at least one box)				
State			Judge, Retired Judge (Statewide Jurisdictio		udge, or Court Commissioner
Multi-County			County of		
City of			Other		
3. Type of Statement (Check at	t least one box)				
Annual: The period covered is December 31, 2024.		[ate Left Check one ci	_// ircle below.)
The period covered is . December 31, 2024.		through	The period cove leaving office.	red is Januar	y 1, 2024, through the date of
Assuming Office: Date assume	ed/	-	The period cove the date of leavi		/, through
Candidate: Date of Election	and offic	e sought, if diffe	rent than Part 1:		
. Schedule Summary (requi	red) ▶ Total r	umber of pa	ges including this	cover pa	ge: 2
Schedules attached					
Schedule A-1 - Investments -	schedule attached				s Positions - schedule attached
Schedule A-2 - Investments -			dule D - Income - Gift		
Schedule B - Real Property -	schedule attached	Sche	dule E - Income - Gift.	s – Travel Pa	syments – schedule attached
or- 🗌 None - No reportable i	nterests on any schedule	е			
. 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		FMAIL	ADDRESS	-8	
I have used all reasonable diligence in herein and in any attached schedules				dest of my kn	owledge the information contained
I certify under penalty of perjury ur	der the laws of the State of	f California tha	t		
Date Signed 02/11/2	U75	Signatu	e		

SCHEDULE D Income - Gifts



► NAME OF SOURCE RAY CAMMA)	Oak View Group					
	ADDRESS (Business Address Acceptable) PO BOX 10, LAVEEN, AZ 85339			ADDRESS (Business Address Acceptable) 88 Fair Drive, Costa Mesa, CA 92626				
BUSINESS ACTIV MASTER CA	ITY, IF ANY, OF SO RNIVAL OPER		Business activi		FSOURCE			
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)			
7 ,19,24	\$_250	RIDE PASS	12,16,24	\$ 150 \$	food			
	\$			\$				
	\$	2		\$				
NAME OF SOURCE Lopez Works		s)	► NAME OF SOURCE	CE (Not an Acro	nym)			
ADDRESS (Busine 21195 Prairie		ble) buco Canyon, CA 92679	ADDRESS (Busine	ss Address Acc	eptable)			
BUSINESS ACTIV			BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE			
	ion / parking k							
DATE (mm/dd/yy)		DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)			
12,16,24	_{\$} _150	gift card		\$	_			
	\$			\$	_			
	\$			\$	_			
► NAME OF SOURCE	CE (Not an Acronym)	► NAME OF SOURCE	E (Not an Acro	nym)			
ADDRESS (Busine	ss Address Accepta	ble)	ADDRESS (Busine	ss Address Acc	eptable)			
BUSINESS ACTIV	ITY, IF ANY, OF SO	DURCE	BUSINESS ACTIV	ITY, IF ANY, OF	FSOURCE			
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)			
	\$		-//-	\$				
	\$	· · · · · · · · · · · · · · · · · · ·		\$	_			
	\$	-		\$	_			
Comments:								



Date Initial Filing Received

A PUBLIC DOCUMENT

RECEIVED FEB 1 4, 2025

IAME OF FILER	or print in ink.	(FIRST)				
Lara	(CAST)	Jesus				
	Agency, or Court					
E PORTAGE PROPERTY.						
	ame (Do not use acron)	yms) RTMENT OF FOC	D & AGRICI	II TURE		
	Board, Department, Distri		D a rior live	Your Position		
	200 V V V V V V V V V V V V V V V V V V	nd District Agricult	ural Assoc	Staff Services	Manage	ar
		st below or on an attachm			Manage	21 1
r ii iiiiig	ioi marapio positiona, ile	a balon of off all allasini	on. 120 not 400 40	(Sirymo)		
Agency: _				_ Position:	NCAVITON STATE	
Jurisdi	ction of Office (c	heck at least one box)				
State				Judge, Retired Judge {Statewide Jurisdiction		udge, or Court Commissioner
Multi-C	County			County of		
				- Carlotte		
-	f Statement (Check					
		is January 1, 2024, through	gh		ite Left	J
-0)r-	is/	, through	2		y 1, 2024, through the date of
Assu	ming Office: Date assu	umed/				J, through
Cand	idate: Date of Election	a	nd office sought, if d	ifferent than Part 1:		
Schedu	ıle Summary (req	uired) > 7	otal number of	pages including this	caver pa	go:
	ules attached	uncuj P 1	otal number of	pages menuang mis	cover pa	ge.
Sc	hedule A-1 - Investment	ts - schedule attached				s Positions - schedule attached
Sc	hedule A-2 - Investment	ts – schedule attached	10000	hedule D - Income - Gifts		
Sc	hedule B - Real Proper	ty - schedule attached	Sc	hedule E - Income – Gifts	- Travel Pa	yments - schedule attached
vr → A	lana No vonavtahi	la interacta an any co	hadula			
	THE STATE OF THE S	le interests on any sc	neaule			
Verifica		т	CITY		STATE	ZIP CODE
(Business or	Agency Address Recommende					
88 Fair	Drive ELEPHONE NUMBER	44	Costa Mes	a l	CA	92626
DAT TIVE TE	TONE NOMBER					
		e in preparing this stateme			est of my kno	owledge the information contains
	39 750k 65 95	under the laws of the S	M DE SECRET AND ASSESSED.			
Date Sign	ed February	12 , 202 S	Signa			, di
	(month,	day, year)				t with your filing official.)



Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink.

RECEIVED FEB 13 2025

	18
Coordinate	or
je, Pro Tem Jud on)	dge, or Court Commissioner
ate Left (Check one circ	JJcle below
100	1, 2024, through the date of
ered is/. ving office.	/, through
s cover pag	ye: 1
ns, & <i>Business</i> fs – schedule a	Positions – schedule attached
ts – Travel Pay	ments - schedule attached
STATE	ZIP CODE
CA	92626
best of my kno	wledge the information contained
	advice@łppc.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

A PUBLIC DOCUMENT

RECEIVED FEB 1 0 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 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: _ 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 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2024, through Leaving Office: Date Left ____ December 31, 2024. (Check one circle below.) The period covered is ________, through ☐ The period covered is January 1, 2024, through the date of leaving office. December 31, 2024. ___ The period covered is _______, through Assuming Office: Date assumed _____/___/___ 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 C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - 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 ZIP CODE STREET (Business or Agency Address Recommended - Public Document) 88 Fair Drive CA Costa Mesa 92626 to the best of my knowledge the information contained I nave used all reasonable diligence in preparing this statement. I have revie 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 Signature (monih, day, year) h your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT RECEIVE

Date Initial Filing Received Filing Official Use Only

Please type or print in ink.

RECEIVED FEB 1 1 2025

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
GONZALEZ	JOHN		(MIDDLE)	
1. Office, Agency, or Court				
Agency Name (Do not use acronyn	ns)			*
CALIFORNIA DEPART		-000 1980		
Division, Board, Department, District		Your Pos		
Fairs & Expositions / 32n	The Control of the Co	The state of the s	JTY MANAGER I	*
► If filing for multiple positions, list	below or on an attachment. (Do not use acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Che	ck at least one box)			
State			Retired Judge, Pro Tem Jude de Jurisdiction)	dge, or Court Commissioner
Multi-County		County	of	A
City of				<u> </u>
3. Type of Statement (Check)				
Annual: The period covered is December 31, 2024.	150	_ Leavir	g Office: Date Left (Check one cin	
-or- The period covered is December 31, 2024.	,		period covered is January ving office.	1, 2024, through the date of
Assuming Office: Date assum	ed	The	e period covered is/. date of leaving office.	, through
Candidate: Date of Election _	and office	e sought, if different than	Part 1:	
l. Schedule Summary (requ	ired) ► Total i	number of pages inc	luding this cover pag	e: 2
Schedules attached				
Schedule A-1 - investments				Positions - schedule attached
Schedule A-2 - Investments		21	ncome - Gifts - schedule a	
Schedule B - Real Property	 schedule attached 	Schedule E - /	ncome - Gilts - Travel Pay	ments – schedule attached
-or- None - No reportable	interests on any schedul	e		
i. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended	Public Document	CITY	STATE	ZIP CODE
88 Fair Drive	y data botamenty	Costa Mesa	CA	92626
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	54/103921	
I have used all reasonable diligence in herein and in any attached schedule				wledge the information contained
I certify under penalty of perjury u		1,45,45		
Date Signed 2/11/25		Signatu		
/ / (month, da)	(year)			-

SCHEDULE D Income - Gifts



► NAME OF SOURCE Lopez Works		m)	► NAME OF SOUR	CE (Not an Acro	onym)
ADDRESS (Busine	ss Address Accep	table) abuco Canyon, CA 92679	ADDRESS (Busine	ss Address Acc	ceptable)
BUSINESS ACTIV Waste collect			BUSINESS ACTIV	ITY, IF ANY, O	F SOURCE
DATE (mm/dd/yy) 12,20,24	VALUE	DESCRIPTION OF GIFT(S) gift card	DATE (mm/dd/yy)		DESCRIPTION OF GIFT(S)
	\$ \$	-			_
	\$	8		\$	
► NAME OF SOURC	E (Not an Acrony	m)	► NAME OF SOURCE	CE (Not an Acro	onym)
ADDRESS (Busine	ss Address Accept	able)	ADDRESS (Busine	ss Address Acc	eptable)
BUSINESS ACTIVI	ITY, IF ANY, OF S	SOURCE	BUSINESS ACTIV	ITY, IF ANY, O	F SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	
	\$			\$	
	\$	-		\$	- 1
NAME OF SOURCE	E (Not an Acronyi	nJ	► NAME OF SOURCE	E (Not an Acro	nym)
ADDRESS (Busines	ss Address Accept	able)	ADDRESS (Busine	ss Address Acce	eptable)
BUSINESS ACTIVI	TY, IF ANY, OF S	OURCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	<u> </u>		\$	
	\$			\$	<u>-</u> ,, .
	\$	-		\$	
Comments:					



Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

RECEIVED FEB 2-1 2025

Please type	or print in ink.					
NAME OF FILE	R (LAST)	(FIRST)			(MIDDLE)	
Oh		Justi	n			
1. Office,	Agency, or C	ourt				
	Name (Do not use	• •				
		PARTMENT OF FO	OD & AGRICU			
		, District, if applicable		Your Position		
		/ 32nd District Agricu		Event Coo	ordinator	
► If filing	g for multiple positi	ons, list below or on an attachr	ment. (Do not use ac	ronyms)		
Agency:				Position:		
. 130.107.						
2. Jurisd	liction of Office	e (Check at least one box)				
State					-	udge, or Court Commissioner
				(Statewide Juris	•	
City o	of			Other		
3. Type o	of Statement	Check at least one box)				
■ Ann	ual: The period co	vered is January 1, 2024, thro	ugh	Leaving Office	e: Date Left	
_	December 31	, 2024.			(Check one c	,
	The period co	vered is/	, through	│ │ The period leaving office		ry 1, 2024, through the date of
	December 31			-or-		_/
Assu	uming Office: Da	e assumed//			f leaving office.	
☐ Cano	didate: Date of El	ection	and office sought, if of	different than Part 1:_		
	ule Summary	, , ,	Total number of	pages including	this cover pa	ge: 1
Scnea	lules attache	a	_			
C		stments - schedule attached		chedule C - Income, chedule D - Income -		s Positions - schedule attached
		stments – schedule attached				ayments – schedule attached
_ 30	cnedule b - Real I	Property – schedule attached		modulo E - moomo	Omb navori	zymonio osnodalo dilasnod
-or- □ /	None - No rep	ortable interests on any s	chedule			
5. Verifica	·····					
MAILING A	DDRESS	STREET	CITY		STATE	ZIP CODE
88 Fair		nmended - Public Document)	Costa Mes	sa	CA	92626
				15 ADDD500		02020
	TELEPHONE NUMBER					
DAYTIME T						
DAYTIME T	ed all reasonable d			uns statement and to	the best of my kr	nowledge the information contained
I have us	ed all reasonable d nd in any attached s	schedules is true and complete	e. I acknowledge th	uns statement and to	the best of my kr	nowledge the information contained
I have us	ed all reasonable d nd in any attached s		e. I acknowledge th	uns statement and to	the best of my kr	nowledge the information contained
I have us	ed all reasonable d ad in any attached s under penalty of p	schedules is true and complete perjury under the laws of the	e. I acknowledge th	uns statement and to	the best of my kr	nowledge the information contained



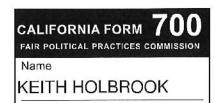
(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT RECEIVED FEB 1 1 2025 Please type or print in ink. NAME OF FILER (LAST) (FIRST) HOLBROOK KEITH 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. CHIEF PLANT OPERATIONS I ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) ___ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner ■ State (Statewide Jurisdiction) Multi-County ____ City of 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____/___/_ Annual: The period covered is January 1, 2024, through December 31, 2024. (Check one circle below.) -or-The period covered is _______, through | The period covered is January 1, 2024, through the date of leaving office. December 31, 2024. The period covered is ______, through Assuming Office: Date assumed _____/____ 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 C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS ZIP CODE STREET (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 review 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 Californ Sig Date Signed

SCHEDULE D Income - Gifts



► NAME OF SOURCE Lopez Works,)	► NAME	E OF SOURC	E (Not an Acron)	ym)
ADDRESS (Busines 21195 Prairie		buco Canyon, CA 92679	ADDR	RESS (Busines	ss Address Accep	otable)
BUSINESS ACTIVI	ity, if any, of so ion / parking lo		BUSI	NESS ACTIVI	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE	(mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12,20,24	\$	gift card		<i> </i>	S	
	\$	9		/ <u></u> /	\$	
	\$		·	//_	S	<u> </u>
► NAME OF SOURC	CE (Not an Acronym)	► NAME	OF SOURC	E (Not an Acron)	ym)
ADDRESS (Busine	ss Address Accepta	ble)	ADDR	RESS (Busines	ss Address Accep	otable)
BUSINESS ACTIV	ITY, IF ANY, OF SO	DURCE	BUSI	NESS ACTIVI	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE	(mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	10	.	<i></i>	S	2 N <u></u>
	\$	3 S		<i>II</i>	S	8
	\$	9	.	//_	\$	
NAME OF SOURC	CE (Not an Acronym	J	► NAME	E OF SOURC	E (Not an Acron)	yan)
ADDRESS (Busine	ss Address Accepta	ble)	ADDR	RESS (Busines	ss Address Accep	otable)
BUSINESS ACTIV	ITY, IF ANY, OF SO	DURCE	BUSII	NESS ACTIVI	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE	(mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$.	<i>II</i>	\$	
	\$	-		<i>II</i>	\$	
	\$	1	П	<i> </i>	\$	
Comments:						



Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

RECEIVED MAR 1 2 2025

Please type or print in ink.	<u> </u>		NLC	FIAED WAY I S 5052
AME OF FILER (LAST)	(FIRST)		(MIDDLE)	
/U 	KELLY			
. Office, Agency, or Court				
Agency Name (Do not use acronyr. CALIFORNIA DEPART	·	GRICULTURE		
Division, Board, Department, District		Your Position	n	
Fairs & Expositions / 32n	d District Agricultural As	soc. DEPU	Y MANAGER I	
▶ If filing for multiple positions, list	below or on an attachment. (Do r	not use acronyms)		
Agency:		Position:		
. Jurisdiction of Office (Che	eck at least one box)			
■ State			tired Judge, Pro Tem Ju Jurisdiction)	dge, or Court Commissioner
Multi-County		County of		
City of				
December 31, 2024. Assuming Office: Date assum	and office so ired) ► Total num - schedule attached - schedule attached	ugh The p leavir -or- The p the da ought, if different than Par The p schedule C - Inco Schedule D - Inco Schedule D - Inco	g office. eriod covered is ste of leaving office. It 1: ding this cover pag ome, Loans, & Business ome - Gifts - schedule	rcle below.) y 1, 2024, through the date of y
-or- ✓ None - No reportable	interests on any schedule			
5. Verification MAILING ADDRESS STREET	CIT		STATE	ZIP CODE
(Business or Agency Address Recommended	- Public Document)			
88 Fair Drive DAYTIME TELEPHONE NUMBER	Со	sta Mesa EMAIL ADDRESS	CA	92626
I have used all reasonable diligence herein and in any attached schedule I certify under penalty of perjury u	s is true and complete. I acknowle	edge this is a public docu		wledge the information contained
Date Signed 3 (month, da	y, year)	Signature		h yo ur fili rig official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

RECEIVED FEB 1 8 2025

ME OF FILER	(LAST)	(FIRST)			(MIDDLE)	
ARNS		KEN				
Office, A	gency, or Court				11	
Agency Nar	ne (Do not use acronym:	s) .				
CALIFO	DRNIA DEPARTI	MENT OF FOO	D & AGRIC	ULTURE		
Division, Bo	ard, Department, District,	if applicable		Your Position		
Fairs &	Expositions / 32nc	District Agricultu	ıral Assoc.	CAREER EX	XECUTIVE	ASSIGNMENT
► If filing fo	or multiple positions, list b	elow or on an attachme	nt. (Do not use a	ecronyms)		
Agency:				Position:		
Jurisdic	tion of Office (Chec	k at least one box)				
State				Judge, Retired Judge, (Statewide Jurisdic		dge, or Court Commissioner
Multi-Co	unty			County of		
Type of	Statement (Check at	t least one box)				
	: The period covered is December 31, 2024.	January 1, 2024, throug	h	Leaving Office:	Date Left	cle below.)
-or	The period covered is . December 31, 2024.		, through	The period con leaving office.		/ 1, 2024, through the date of
Assum	ing Office: Date assume	od/		20/6/		/, through
☐ Candid	ate: Date of Election	an	d office sought, if	different than Part 1:		
Schedul	Summary (require	red) > To	ntal number o	f pages including th	nis cover nac	ne· 2
	es attached		tai mamboi o	pageo molaamg a	no cover pag	
		1 11 0 1 1	\neg	Schedule C - Income Lo	ane & Rueinese	Positions - schedule attached
0.00	dule A-1 - Investments -		Sec. de	Schedule D - Income - G		
20,000,000	edule B - Real Property -					ments - schedule attached
0011	Thousand Topoliy	oon cadio attached				
r- No	ne - No reportable i	nterests on any sch	edule			
Verificati	on					
MAILING ADDE		7 700 (50)	CITY		STATE	ZIP CODE
	gency Address Recommended - i	Public Document)	0-4-14-	See See V	0.4	00000
88 Fair D	PHONE NUMBER		Costa Me	MAIL ADDRESS	CA	92626
ECAL HINE LEFT	THORE NOMBER			MILITADONEOU		
	all reasonable diligence in any attached schedules				e best of my kno	wledge the information contained
	ler penalty of perjury ur	AND AND IN THE PROPERTY OF THE		2.52		
Dete Di	7-10-2	-76		atura.		
Date Signed	2-18-00	unari)	Sign	ature		ifficial.)



NAME OF SOURCE (Not an Acros RAY CAMMACK SHOW		OAK VIEW GROU			
ADDRESS (Business Address Acce	eptable)	ADDRESS (Business Add	ADDRESS (Business Address Acceptable)		
PO BOX 10, LAVEEN, A	Z 85339	88 FAIR DRIVE, C	OSTA MESA, CA 92626		
BUSINESS ACTIVITY, IF ANY, OF MASTER CARNIVAL OF		BUSINESS ACTIVITY, IF MASTER CONCES			
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALI			
7 ,19 ,24	RIDE PASS	1 4 24 s12	25 DINNER		
1 ,3 ,24 ,100	DINNER	12,3,24.1	loo Dinner		
2000 100	Diwner				
NAME OF SOURCE (Not an Acros	nym)	► NAME OF SOURCE (Not	t an Acronym)		
ADDRESS (Business Address Acce	eptable)	ADDRESS (Business Add	ress Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF	SOURCE	BUSINESS ACTIVITY, IF	ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALU	JE DESCRIPTION OF GIFT(S		
/\$					
\$		/			
/\$					
NAME OF SOURCE (Not an Acror	iym)	► NAME OF SOURCE (Not	an Acronym)		
ADDRESS (Business Address Acce	ptable)	ADDRESS (Business Add	ress Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF	SOURCE	BUSINESS ACTIVITY, IF	ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALU	JE DESCRIPTION OF GIFT(S		
\$		/\$			
/\$					
\$	*	 			



Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink.

RECEIVED MAR 1 2 2025

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Merati	Kimber		,	
1. Office, Agency, or Court				
Agency Name (Do not use acrony	•			
CALIFORNIA DEPAR				
Division, Board, Department, Distri	ct, if applicable	Your Posi	tion	
Fairs & Expositions / 32	nd District Agricultural A	Assoc. Event	Coordinator	
► If filing for multiple positions, lis	st below or on an attachment. (D	o not use acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (CI	heck at least one box)		-	
■ State			Retired Judge, Pro Tem Jud de Jurisdiction)	dge, or Court Commissioner
Multi-County		County	of	
City of				
3. Type of Statement (Check	k at least one box)			
Annual: The period covered December 31, 2024		Leavin	g Office: Date Left (Check one circ	
-or- The period covered December 31, 2024	is, t		period covered is January ving office.	1, 2024, through the date of
Assuming Office: Date assu	umed/		e period covered is/. date of leaving office.	, through
Candidate: Date of Election	and office	e sought, if different than I	Part 1:	
4. Schedule Summary (req	uired) ► Total n	umber of pages incl	uding this cover pag	e: 1
Schedules attached				
Schedule A-1 - Investment	ts – schedule attached	Schedule C - /	ncome, Loans, & Business	Positions – schedule attached
Schedule A-2 - Investment	ts - schedule attached	Schedule D - /	ncome – Gifts – schedule a	ittached
Schedule B - Real Propert	ty - schedule attached	Schedule E - /	ncome – Gifts – Travel Pay	ments - schedule attached
· · · · · · · · · · · · · · · · · · ·				
-or- None - No reportable	e interests on any schedule)		
5. Verification MAILING ADDRESS STREE	T	CITY	STATE	ZIP CODE
(Business or Agency Address Recommende		OTT		
88 Fair Drive		Costa Mesa	CA	92626
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
I have used all reasonable diligend	e in preparing this statement. I ha	ave reviews	the best of my kno	wledge the information contained
herein and in any attached schedu				wiedge the information contained
I certify under penalty of perjury	under the laws of the State of	California t		
Date Signed March 11, 2025	i e	Signa		
	day, year)			h your filing official.)

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received

A PUBLIC DOCUMENT RECEIVED MAR 2 8 2025

IAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
SABUNJIAN	KRYSTLE		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms			
	MENT OF FOOD & AGRICUL		
Division, Board, Department, District,		Your Position	
	d District Agricultural Assoc.		
▶ If filing for multiple positions, list to	pelow or on an attachment. (Do not use acro		
Agency: 32ND DISTRICT		Position: EVENT COORDI	NATOR
2. Jurisdiction of Office (Che	ck at least one box)		
State		 Judge, Retired Judge, Pro Tem Judg (Statewide Jurisdiction) 	ge, or Court Commissioner
Multi-County		County of	
City of		Olher	
December 31, 2024. The period covered is December 31, 2024. Assuming Office: Date assum	/, through	☐ The period covered is January leaving office, or- ☐ The period covered is/_ the date of leaving office.	
The period covered is December 31, 2024. Assuming Office: Date assum Candidate: Date of Election Candidate: Date of Election Schedule Summary (requinate of Schedules attached Schedule A-1 - Investments Schedule B - Real Property	and office sought, if differed	leaving office, or- The period covered is/_ the date of leaving office.	e:
The period covered is December 31, 2024. Assuming Office: Date assum Candidate: Date of Election Candidate: Summary (requise Schedules attached Schedule A-1 - Investments Schedule A-2 - Investments	and office sought, if differed	leaving office, or- The period covered is/_ the date of leaving office. erent than Part 1: ages including this cover page medule C - Income, Loans, & Business medule D - Income - Gifts - schedule	e:
The period covered is December 31, 2024. Assuming Office: Date assum Candidate: Date of Election	and office sought, if differed) ► Total number of p - schedule attached □ Schedule	leaving office, or- The period covered is/_ the date of leaving office. erent than Part 1: ages including this cover page medule C - Income, Loans, & Business medule D - Income - Gifts - schedule	e:
The period covered is December 31, 2024. Assuming Office: Date assum Candidate: Date of Election	and office sought, if differed) ► Total number of p - schedule attached □ Schedule	leaving office, The period covered is/_ the date of leaving office. erent than Part 1: ages including this cover pag medule C - Income, Loans, & Business medule D - Income - Gifts - schedule are dule E - Income - Gifts - Travel Page STATE	e:
The period covered is December 31, 2024. Assuming Office: Date assum Candidate: Date of Election Candidate: Date of Election Candidate: Date of Election Schedule Summary (requing Schedules attached) Schedules attached Schedule A-1 - Investments -	and office sought, if differed) ► Total number of p - schedule attached ☐ Schedule ☐ Schedule ☐ CITY	leaving office, The period covered is/_ the date of leaving office. erent than Part 1: ages including this cover pag medule C - Income, Loans, & Business medule D - Income - Gifts - schedule are dule E - Income - Gifts - Travel Page STATE	e:
The period covered is December 31, 2024. Assuming Office: Date assum Candidate: Date of Election	and office sought, if differed) ► Total number of p - schedule attached ☐ Schedule ☐ Schedule ☐ CITY	leaving office, The period covered is/_ the date of leaving office. It is period covered is/_ the date of leaving office. It is ages including this cover page of the cover page	e:

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 1 0 2025

Please type or print in ink.				
NAME OF FILER (LAST) Cardona	(FIRST) Laura		(MIDDLE)	
120001010000000	Laura			
1. Office, Agency, or Court				
Agency Name (Do not use acrony)	ns) FMENT OF FOOD & AC	EDICI II TUDE		
Division, Board, Department, District		Your Position	1	
				corl (Cnoo)
	d District Agricultural Ass		ss Service Office	cer i (Spec)
► IT filing for multiple positions, list	below or on an attachment. (Do no	nt use acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Che	eck at least one box)			
State		I Judge, Ret	ired Judge. Pro Tem Ju	udge, or Court Commissioner
<u> = </u>			Jurisdiction)	augo, or court commodorior
Multi-County		County of	77.	
City of				
3. Type of Statement (Check				
Annual: The period covered is		Leaving (Office: Date Left	<u></u>
December 31, 2024.			(Check one ci	
	s, throu		eriod covered is Januar g office.	y 1, 2024, through the date of
Assuming Office: Date assur	ned/	☐ The pe	eriod covered is te of leaving office.	<i>J</i> , through
Candidate: Date of Election _	and office so	ught, if different than Par	t 1;	
. Schedule Summary (requ	ired) ▶ Total num	ber of pages includ	ling this cover page	ge; 1
Schedules attached				
Schedule A-1 - Investments	- schedule attached	Schedule C - Inco	me, Loans, & Business	s Positions - schedule attached
Schedule A-2 - Investments			me - Gifts - schedule	
Schedule B - Real Property	- schedule attached	Schedule E - Inco	me – Gitts – Travel Pa	yments - schedule attached
NAMES OF THE OWN NAMES OF THE OWN				
or- None - No reportable	interests on any schedule			
i. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended	- Public Document)		STATE	ZIP CODE
88 Fair Drive	Cos	sta Mesa	CA	92626
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
I have used all reasonable diligence herein and in any attached schedule				owledge the information contains
I certify under penalty of perjury			nont	
,, page,	The second secon	ine teregor		
Date Signed 2 10 2	025 v. vear)	Signature		official)
(main) ev		1		· Oncore

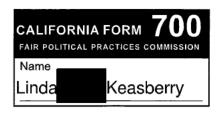
STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 1 9 2025

	type or print in ink.					
NAME OF Keasbe	FILER (LAST)	(FIRST) Linda		(MIDDLE)		
						
	ce, Agency, or C					
-	ncy Name <i>(Do not use</i> ALIFORNIA DEI	PARTMENT OF FOOL	0 & AGRICULTUF	RE		
Division, Board, Department, District, if applicable Your Position						
Fai	irs & Expositions	/ 32nd District Agricultu	ral Assoc. Su	pervisor, Deputy Ma	nager 1	
► If	filing for multiple position	ons, list below or on an attachmen	t. (Do not use acronyms)			
Age	ncy:		Posi	tion:		
2. Jur	risdiction of Office	CE (Check at least one box)	·			
■ S	State			ge, Retired Judge, Pro Tem Jud tewide Jurisdiction)	ge, or Court Commissioner	
N	Multi-County		Co.	inty of		
	City of			er		
3. Typ	oe of Statement	Check at least one box)				
	December 31	vered is January 1, 2024, through , 2024.	Le	aving Office: Date Left(Check one circ		
	The period co December 31	vered is/	, through	The period covered is January leaving office.	1, 2024, through the date of	
	Assuming Office: Dat	e assumed//	П	The period covered is	, through	
	Candidate: Date of Ele	ection and	office sought, if different th	an Part 1:		
	nedule Summary		tal number of pages	including this cover pag	e: 2	
SCI	hedules attache –				D. W	
L	_	stments – schedule attached stments – schedule attached		C - Income, Loans, & Business : D - Income – Gifts – schedule a		
		Property – schedule attached		- Income – Gifts – Travel Payi		
-or-		ortable interests on any sch	edule			
	fication					
	NG ADDRESS ness or Agency Address Recor	STREET nmended - Public Document)	CITY	STATE	ZIP CODE	
	Fair Drive		Costa Mesa	CA	92626	
DAYI	IME TELEPHONE NUMBER					
		iligence in preparing this statement schedules is true and complete. I			wledge the information contained	
l cer	tify under penalty of p	erjury under the laws of the Sta	ate of California tha			
Date	Signed 2/19/2025	(month, day, year)	Signatu			



► NAME OF SOURCE Lopez Works	(Not an Acronym)		► NAME OF SOURCE	E (Not an Acronyn	n)
ADDRESS (Business Laguna Hills	Address Acceptable	9)	ADDRESS (Busines	ss Address Accepta	able)
BUSINESS ACTIVIT	Y, IF ANY, OF SOL	IRCE	BUSINESS ACTIVI	ITY, IF ANY, OF S	OURCE
Grounds clean	up				
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12,17,24	\$150	Gift Card		\$	· · · · · · · · · · · · · · · · · · ·
	\$			\$	
	\$			\$	
► NAME OF SOURCE	(Not an Acronym)		► NAME OF SOURCE	E (Not an Acronyn	1)
Destroy Produc	ctions		II		
ADDRESS (Business Valley Center	Address Acceptable		ADDRESS (Busines	ss Address Accepta	able)
BUSINESS ACTIVITY	Y, IF ANY, OF SOU	RCE	BUSINESS ACTIVI	TY, IF ANY, OF S	OURCE
Concession			ll		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 , 15, 24	_{\$_} 150	Gift Card		\$	
	\$			\$	· · · · · · · · · · · · · · · · · · ·
	\$			\$	
► NAME OF SOURCE	(Not an Acronym)		► NAME OF SOURC	E (Not an Acronym	n)
ADDRESS (Business	Address Acceptable)	ADDRESS (Busines	ss Address Accepta	ble)
BUSINESS ACTIVITY	Y, IF ANY, OF SOU	RCE	BUSINESS ACTIVI	TY, IF ANY, OF S	DURCE
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

Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink.		F	RECEIVED FEB 1 4 2025
NAME OF FILER (LAST) (FIRST)		(MIDDLE)	2
HERTEL LOV	E.		12
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			*
CALIFORNIA DEPARTMENT OF FO	OD & AGRIC	ULTURE	4
Division, Board, Department, District, if applicable		Your Position	5
Fairs & Expositions / 32nd District Agricu	Iltural Assoc.	DEPUTY MI	anager II
► If filing for multiple positions, list below or on an attach	ment. (Do not use a		
Agency:	n - markan and a constant	Position:	
2. Jurisdiction of Office (Check at least one box)		12	
■ State		Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County	, A	County of	
City of		Other	
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2024, thro December 31, 2024.	ough	Leaving Office: Date Left (Check one of	
The period covered is// December 31, 2024.	, through	The period covered is Janua leaving office.	ary 1, 2024, through the date of
Assuming Office: Date assumed//		The period covered is the date of leaving office.	, through
Candidate: Date of Election	and office sought, if	different than Part 1:	
4. Schedule Summary (required)	Total number of	pages including this cover pages	aub. 5
Schedules attached	Total Hamber of	pages moduling and tover pe	
Schedule A-1 - Investments – schedule attached	s	chedule C - Income, Loans, & Busines	ss Positions - schedule attached
Schedule A-2 - Investments - schedule attached		ichedule D - Income - Gifts - schedule	
Schedule B - Real Property - schedule attached	s	ichedule E - Income - Gifts - Travel P	ayments - schedule attached
-or None - No reportable interests on any s	a a la a di ula		
Or None - No reportable interests on any s5. Verification	chedule		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document) 88 Fair Drive	Costa Me	sa CA	92626
DAYTIME TELEPHONE NUMBER	And was the same of the same o	MAIL ADDRESS	02020
24			
I have used all reasonable diligence in preparing this statem herein and in any attached schedules is true and complete			nowledge the information contained
I certify under penalty of perjury under the laws of the	State of California	that the state of	
Date Signed 2/14/2025	. Sign	ature	



► NAME OF SOURCE (Not an Acronyr RAY CAMMACK SHOWS	n)	► NAME OF SOURCE	E (Not an Acro	nym)
ADDRESS (Business Address Accepte PO BOX 10, LAVEEN, AZ		ADDRESS (Busines	ss Address Acce	eptable)
BUSINESS ACTIVITY, IF ANY, OF S MASTER CARNIVAL OPE		BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
7 19 24 250	RIDE PASS	DATE (mm/dd/yy)	VALUE \$	DESCRIPTION OF GIFT(S)
▶ NAME OF SOURCE (Not an Acronym	n)	► NAME OF SOURC	E (Not an Acror	nym)
ADDRESS (Business Address Accepte	able)	ADDRESS (Busines	ss Address Acce	ptable)
BUSINESS ACTIVITY, IF ANY, OF S	OURCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	£		\$	
	8		\$	
9 MA 19 MA 1	(6)			The second secon
▶ NAME OF SOURCE (Not an Acronym	1)	► NAME OF SOURCE	E (Not an Acron	ym)
ADDRESS (Business Address Accepted	ble)	ADDRESS (Busines	s Address Acce	ptable)
BUSINESS ACTIVITY, IF ANY, OF SO	OURCE	BUSINESS ACTIVIT	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
\$	P		S	
\$			\$	
·	2		\$	
Comments:				

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

RECEIVED FEB 2 1 2025 Please type or print in ink. NAME OF FILER (LAST) (FIRST) Maria Zarate 1. Office, Agency, or Court Agency Name (Do not use acronyms) CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE Division, Board, Department, District, if applicable Event Coordinator Security Fairs & Expositions / 32nd District Agricultural Assoc. ▶ 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 Other City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2024, through Leaving Office: Date Left ____ December 31, 2024. (Check one circle below.) -or-☐ The period covered is January 1, 2024, through the date of The period covered is ______, through December 31, 2024. Assuming Office: Date assumed _____/____ The period covered is ___ 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 C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- 🙀 None - No reportable interests on any schedule Verification MAILING ADDRESS CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 88 Fair Drive Costa Mesa CA 92626 nave used all reasonable diligence in preparing this statement. I have review 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 correct. Date Signed Signature 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 1 4:2025 Please type or print in ink. NAME OF FILER (LAST) (FIRST) Torres Marie 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. Associate Governmental Program Analyst ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 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 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2024, through Leaving Office: Date Left ____/___ December 31, 2024. (Check one circle below.) ☐ The period covered is January 1, 2024, through the date of The period covered is _______, through leaving office. December 31, 2024. ☐ 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 C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE STREET ZIP GODE (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 tha Signatu



► NAME OF SOURCE (I			► NAME OF SOURCE	CE (Not an Acrony	vm)
ADDRESS (Business A	ddress Acceptat	District.	ADDRESS (Busine	ss Address Accep	otable)
BUSINESS ACTIVITY, Promotional Par	IF ANY, OF SO	· · · · · · · · · · · · · · · · · · ·	BUSINESS ACTIVI	ITY, IF ANY, OF	SOURCE
DATE (mm/dd/yy) V/		DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE \$	DESCRIPTION OF GIFT(S)
				\$	
NAME OF SOURCE (▶ NAME OF SOURCE	E (Not an Acrony	
ADDRESS (Business A	ddress Acceptab	ote)	ADDRESS (Busines	ss Address Accep	table)
BUSINESS ACTIVITY,	IF ANY, OF SO	URCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy) VA	ALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/\$_				\$	
				\$	
ADDRESS (Business A	883 8		► NAME OF SOURC	25 80	9
BUSINESS ACTIVITY,	IF ANY, OF SO	URCE	BUSINESS ACTIVI	TY, IF ANY, OF S	SOURCE
DATE (mm/dd/yy) VA	LUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
		-		\$	
\$_				\$	18 5 5 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
\$_				\$	
Comments:					



A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 1 8 2025

Please type or print in ink.	
NAME OF FILER (LAST) (FIRST)	
Cavazos Martha	
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
CALIFORNIA DEPARTMENT OF FOOD & AG	RICULTURE
Division, Board, Department, District, if applicable	Your Position
Fairs & Expositions / 32nd District Agricultural Asso	Supervisor
▶ If filing for multiple positions, list below or on an attachment. (Do no	t use acronyms)
	- W
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	
-	
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.)
The period covered is/, throug December 31, 2024.	The period covered is January 1, 2024, through the date of leaving office.
Assuming Office: Date assumed/	The period covered is, through the date of leaving office.
Candidate: Date of Election and office sou	ught, if different than Part 1:
4 Och dala Communication	
	ber 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 Cos	sta Mesa CA 92626
()	LIN IL NUMBER
I have used all reasonable diligence in preparing this statement. I have repering and in any attached schedules is true and complete. I acknowle	reviewed this statement and to the best of my knowledge the information contained dge this is a public document.
I certify under penalty of perjury under the laws of the State of Cal	
Date Signed <u>2-18-25</u>	Signature
(month, day, year)	fficial.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

RECEIVED MAR 1 7 2025

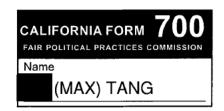
Plea	ise type or p	orint in ink.						
	E OF FILER (LAST)	(FIRST)			(MIDDLE)		
	rreira		Math	new				
		ency, or						
		e <i>(Do not u</i> s RNIA DE	e acronyms) EPARTMENT OF FO	OD & AGF	RICULTURE			
Ī	Division, Boa	rd, Departme	nt, District, if applicable		Your Posi	ition		
	Fairs & E	xposition	s / 32nd District Agricul	tural Assoc	. Depu	ıty Manager I		
	▶ If filing for	multiple posi	tions, list below or on an attachr	nent. (Do not u	ise acronyms)			
	Agency:				Position:			
2.	Jurisdicti	on of Off	ice (Check at least one box)					
[■ State					Retired Judge, Pro Tem Ju de Jurisdiction)	dge, or Court Commission	ier
[Multi-Cou	nty			County	of		
[City of _							
3.	Type of S	Statement	(Check at least one box)					
			covered is January 1, 2024, thro	ugh	Leavin	g Office: Date Left (Check one cir		
	-or-	The period of December 3	covered is/	, through		period covered is January ving office.	y 1, 2024, through the date	of
[Assumir	ng Office: D	ate assumed/		The	period covered isdate of leaving office.	/, thro	ough
[Candida	te: Date of B	Election	and office sough	nt, if different than F	Part 1:		
4.	Schedule	Summar	y (required)	Total numbe	r of pages incl	luding this cover pag	re· 1	
		s attach			. c. pagese.	aung une cere, pag		
	Sched	dule A-1 - In	vestments – schedule attached	[Schedule C - /	ncome, Loans, & Business	Positions - schedule atta	ched
	Sched	dule A-2 - In	vestments - schedule attached	[ncome - Gifts - schedule		
	Sched	dule B - Rea	Property - schedule attached	l	Schedule E - //	ncome – Gifts – Travel Pa	yments – schedule attache	∌d
-OI	r- [7] No.	ne - No re	portable interests on any s	chedule				
_	/erificatio		bortable interests on any s	onodalo				
ī	MAILING ADDRE	SS	STREET commended - Public Document)	CITY		STATE	ZIP CODE	
	88 Fair Dri	•	ommended - Public Documenty	Costa	Mesa	CA	92626	
					EMAIL ADDRESS			
			diliana la annoia Abia stata			ant of many land	unded a the information on	-1-1
	nerein and in	any attached	diligence in preparing this statem schedules is true and complete				owledge the information co	ntained
ı	certify unde	er penalty of	perjury under the laws of the	State of Califo	rnia that the			
_		02/40/0	205		01			
	Date Signed	03/12/20	J25 (month, day, year)	-	Signature _		ficial.)	

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT RECEIVED MAR 1 8 2025

NAME OF S	rpe or print in ink.	/FIDET\		Allen H	
NAME OF F	ILER (LAST)	(FIRST) (MAX)		(MIDDLE)	
. Offic	e, Agency, or Court			***	
	cy Name (Do not use acronyms)				
-	LIFORNIA DEPARTMEN	T OF FOOD & AGI	RICULTURE		
Divisio	on, Board, Department, District, if appli	cable	Your Position	. -	
Fair	s & Expositions / 32nd Dist	rict Agricultural Asso	c. STAFF S	ERVICES MANA	GER (SUPERVISORY) I
► If f	filing for multiple positions, list below or	on an attachment. (Do not	use acronyms)		
Agen	су:		Position:		
. Juri	sdiction of Office (Check at le	ast one box)	-		
■ St	ate		Judge, Reti (Statewide		dge, or Court Commissioner
Mt	ulti-County		County of		
	ty of				
3. Typ	e of Statement (Check at least	one box)			
	Annual: The period covered is January December 31, 2024.	/ 1, 2024, through	Leaving C	Office: Date Left (Check one cir	
	The period covered is December 31, 2024.	, through	l The pe leaving -or-	-	, 1, 2024, through the date of
_ A	ssuming Office: Date assumed			riod covered is te of leaving office.	/, through
_ c	andidate: Date of Election	and office soug	ht, if different than Part	1:	
	edule Summary (required)	► Total numb	er of pages includ	ing this cover pag	ye: 2
	Schedule A-1 - Investments - sched	ule attached	Schedule C - Inco	me. Loans. & Business	Positions - schedule attached
	Schedule A-2 - Investments – sched		Schedule D - Incom		
	Schedule B - Real Property - sched		Schedule E - Incom	me – Gifts – Travel Pay	ments - schedule attached
Or- Varif	None - No reportable interes	sts on any schedule			
	G ADDRESS STREET	CITY		STATE	ZIP CODE
(Busine	ess or Agency Address Recommended - Public Do	cument)			
	air Drive	Costa	a Mesa EMAIL ADDRESS	CA	92626
DAITIN	WE YELEPHONE NOWDER	\ }	EIVIAIL ADDRESS		
	used all reasonable diligence in preparand in any attached schedules is true				wledge the information contained
	fy under penalty of perjury under th				
	a - 1-				



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



Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

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 Fairs & Expositions / 32nd District Agricultural Assoc. Lif 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 (Statewide Jurisdiction) Multi-County County of	UTIVE ASSIGNMENT
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. ► 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 Multi-County County of City of Other	JTIVE ASSIGNMENT
Agency Name (Do not use acronyms) CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE Division, Board, Department, District, if applicable Fairs & Expositions / 32nd District Agricultural Assoc. 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 Multi-County Multi-County City of Other	JTIVE ASSIGNMENT
CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE Division, Board, Department, District, if applicable Your Position Fairs & Expositions / 32nd District Agricultural Assoc. CAREER EXECU ▶ 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, Pn (Statewide Jurisdiction) Multi-County Gounty of Other	JTIVE ASSIGNMENT
Division, Board, Department, District, if applicable Fairs & Expositions / 32nd District Agricultural Assoc. ► If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Position: Judge, Retired Judge, President Grand State Multi-County City of Other Other	JTIVE ASSIGNMENT
Fairs & Expositions / 32nd District Agricultural Assoc. CAREER EXECU If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Position: Judge, Retired Judge, Pn (Statewide Jurisdiction) Multi-County City of Other	JTIVE ASSIGNMENT
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:	UTIVE ASSIGNMENT
Agency:	
2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Prince (Statewide Jurisdiction) Multi-County City of Other	
State Judge, Retired Judge, Pro (Statewide Jurisdiction) Multi-County County of Other	
■ State Judge, Retired Judge, Precision (Statewide Jurisdiction) Multi-County County of Other	
City ofOther	o Tem Judge, or Court Commissioner
City ofOther	-
2 * * 1002 2 000 000 000 000 000 000 000 000	
	eft ck one circle below.)
The period covered is/, through leaving office.	s January 1, 2024; through the date of
	s/, through ffice.
Candidate: Date of Election and office sought, if different than Part 1:	
4. Schedule Summary (required) ► Total number of pages including this co	ver 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 - s	chedule attached
Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - 7	ravel Payments - schedule attached
-or None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET CITY STAT (Business or Agency Address Recommended - Public Document)	E ZIP CODE
88 Fair Drive Costa Mesa CA	92626
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS	
Thave used all reasonable diligence in preparing this statement. I have revenue and the 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	of my knowledge the information contained
Date Signed 2/18/2025 Signature	



				des 1970 have for the contract of the design of the contract o	
NAME OF SOURCE			NAME OF SOURCE	The state of the s	/m)
ADDRESS (Busine PO BOX 10, I	The second contract the second second		ADDRESS (Busine 88 FAIR DRIV		otable) MESA, CA 92626
BUSINESS ACTIV MASTER CA			BUSINESS ACTIV MASTER COI		
DATE (mm/dd/yy) 7 , 19, 24		DESCRIPTION OF GIFT(S) RIDE PASS	DATE (mm/dd/yy) 1		DESCRIPTION OF GIFT(S)
1 ,3 ,24		DINNER	12, 3,24	s 100	DINNER
12,2,24	\$100	DINNER		\$	
NAME OF SOURCE	CE (Not an Acrony	m)	▶ NAME OF SOURCE	E (Not an Acrony	vm)
ADDRESS (Busine	ss Address Accep	table)	ADDRESS (Busine	ss Address Accep	table)
BUSINESS ACTIVI	ITY, IF ANY, OF	SOURCE	BUSINESS ACTIV	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	-
	\$	s s =		\$	
	\$	3 8		\$	
NAME OF SOURC	E (Not an Acrony	m)	► NAME OF SOURCE	E (Not an Acrony	m)
ADDRESS (Busines	ss Address Accep	table)	ADDRESS (Busine:	ss Address Accept	table)
BUSINESS ACTIVI	TY, IF ANY, OF S	SOURCE	BUSINESS ACTIVI	TY, IF ANY, OF 8	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	s s		\$	
	\$			\$	
	\$	· v		\$	<u> </u>
Comments:					



Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

RECEIVED FEB 2/6 2025

PΙε	ease type or print in ink.			NECEIVED FEB 2/0, ZUZ3
ÑĀ	ME OF FILER (LAST) (F	IRST)	(MIDDLE)	
Α	vena	Melody		
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms) CALIFORNIA DEPARTMENT OF I	FOOD & AGRICU	II TURF	
	Division, Board, Department, District, if applicable	005 4 7 4 1100	Your Position	
	Fairs & Expositions / 32nd District Agr	icultural Assoc.	Deputy Manager I	
	▶ If filing for multiple positions, list below or on an att	achment. (Do not use acr	onyms)	
	Agency:		_ Position:	
2.	Jurisdiction of Office (Check at least one b	ox)		
	■ State		Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
	Multi-County		County of	
	City of		Other	
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2024, December 31, 2024.	through	Leaving Office: Date Left (Check one	
	The period covered is/	, through	☐ The period covered is Janua leaving office.	ary 1, 2024, through the date of
	Assuming Office: Date assumed/	!		_/, through
	Candidate: Date of Election	and office sought, if di	fferent than Part 1:	
4.	Schedule Summary (required)	► Total number of s	pages including this cover p	age; 1
	Schedules attached	•		
	Schedule A-1 - Investments - schedule attach	ed Sci	hedule C - Income, Loans, & Busine	ss Positions - schedule attached
	Schedule A-2 - Investments – schedule attach	~	hedule D - Income - Gifts - schedule	
	Schedule B - Real Property – schedule attache	∌d <u></u> Sci	h edule E - Income – Gifts – Travel F	rayments – schedule attached
-(or- None - No reportable interests on ar	v schedule		
5.	Verification	,		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	88 Fair Drive	Costa Mesa	a CA	92626
ı	DAYTIME TELEPHONE NUMBER	EMA	II ADDRESS	
	i have used all reasonable diligence in preparing this st			nowledge the information contained
	herein and in any attached schedules is true and comp			
	I certify under penalty of perjury under the laws of	the state of Camornia th	at t	
	Date Signed 2/21/25	Signat	ure	
	(month, day, year)			

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

RECEIVED FEB 1 8 2025

	(FIRST)	(MIDDLE)
VISCHMEYER	MICHELE	
. Office, Agency, or Cour	rt	
Agency Name (Do not use acro	onyms)	
	RTMENT OF FOOD & AGE	RICULTURE
Division, Board, Department, Dis	strict, if applicable	Your Position
Fairs & Expositions / 3	32nd District Agricultural Assoc	c. CAREER EXECUTIVE ASSIGNMENT
► If filing for multiple positions,	list below or on an attachment. (Do not to	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
3. Type of Statement (Che		
Annual: The period covered December 31, 202		Leaving Office: Date Left/// (Check one circle below.)
-or- The period covere December 31, 202	ed is/, through 24.	The period covered is January 1, 2024, through the date of leaving office.
Assuming Office: Date as	ssumed/	The period covered is, through the date of leaving office.
Candidate: Date of Election	in and office sough	ht, if different than Part 1:
4. Schedule Summary (re	equired) > Total numbe	er of pages including this cover page: 2
Schedules attached		57 5750 • 10 · 10 · 10 · 10 · 10 · 10 · 10 · 1
	and the district of	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-1 - Investme	anis – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-1 - Investme Schedule A-2 - Investme		Schedule D - Income - Gifts - schedule attached
And to be served to the first of	ents - schedule attached	
Schedule A-2 - Investme Schedule B - Real Prope	ents – schedule attached erty – schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule A-2 - Investme Schedule B - Real Prope	ents - schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule A-2 - Investme Schedule B - Real Prope Or- None - No reportat Verification	ents – schedule attached erty – schedule attached ble interests on any schedule	Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached
Schedule A-2 - Investme Schedule B - Real Prope	ents – schedule attached erty – schedule attached ble interests on any schedule	Schedule D - Income - Gifts - schedule attached
Schedule A-2 - Investme Schedule B - Real Prope Or- None - No reportat Verification MAILING ADDRESS STRE (Business or Agency Address Recomment 88 Fair Drive	ents – schedule attached erty – schedule attached able interests on any schedule EET CITY aded - Public Document)	Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached STATE ZIP CODE A Mesa CA 92626
Schedule A-2 - Investme Schedule B - Real Prope Or- None - No reportat Verification MAILING ADDRESS (Business or Agency Address Recommend)	ents – schedule attached erty – schedule attached able interests on any schedule EET CITY aded - Public Document)	Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached STATE ZIP CODE
Schedule A-2 - Investme Schedule B - Real Prope Or- None - No reportat Nalling Address Stre (Business or Agency Address Recomment Recomment Recomment Baytime Telephone NUMber I have used all reasonable diligen	ents – schedule attached erty – schedule attached ble interests on any schedule EET CITY aded - Public Document) Costa	Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached STATE ZIP CODE A Mesa CA 92626 EMAIL ADDRESS Prewed this statement and to the best of my knowledge the information contain
Schedule A-2 - Investme Schedule B - Real Prope Or- None - No reportal None - No reportal Nation Mailing Address (Business or Agency Address Recomment 88 Fair Drive DAYTIME TELEPHONE NUMBER I have used all reasonable diligentherein and in any attached schedule.	ents – schedule attached erty – schedule attached ble interests on any schedule EET CITY aded - Public Document) Costa	Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached STATE ZIP CODE A Mesa CA 92626 EMAIL ADDRESS riewed this statement and to the best of my knowledge the information container this is a public document.

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, LAVEEN, AZ 85339 BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR DATE (mmiddyy) 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 (mmiddyy) VALUE DESCRIPTION OF GIFT(S) The second of the second					
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 12, 2, 24, 100 DINNER NAME OF SOURCE (Not an Accoptable) BUSINESS (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) T, 19, 24					Process of the second of the s
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR DATE (mm/dddyy) VALUE DESCRIPTION OF GIFT(S) 7					TOTAL CONTRACTOR OF THE CONTRA
MASTER CARNIVAL OPERATOR DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 7			88 FAIR	.DR.,COST	MA NESA, CA 9262
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 7					
T, 19, 24 \$250	Executive Action of the Action	TOR	MASTER	2 conc	ESSIONAIRE
IZ_Z_Z_Y_S_IDO DINNER 1	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	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)	7 ,19 ,24 \$250	RIDE PASS	12,3,24	s_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) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE (Not an Acronym) NAME OF SOURCE (Not an Acronym) DADRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	12,2,24 \$ 100	DINNER		\$	
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) J	/			\$	
BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	▶ NAME OF SOURCE (Not an Acronym)		► NAME OF SOURCE	E (Not an Acronym)
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) 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) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	ADDRESS (Business Address Acceptable)		ADDRESS (Busines	ss Address Accepta	ble)
J S J S J J S J J S J J	BUSINESS ACTIVITY, IF ANY, OF SOUR	RCE	BUSINESS ACTIVI	TY, IF ANY, OF SC	DURCE
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE 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)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE 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)				\$	
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE 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)	/\$	· · · · · · · · · · · · · · · · · · ·		\$	
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE 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)	/	-		S	<u> </u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE 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)	▶ NAME OF SOURCE (Not an Acronym)		► NAME OF SOURC	E (Not an Acronym,)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	ADDRESS (Business Address Acceptable)	9	ADDRESS (Busines	ss Address Acceptal	ole)
	BUSINESS ACTIVITY, IF ANY, OF SOUR	RCE	BUSINESS ACTIVI	TY, IF ANY, OF SC	DURCE
\$	DATE (mm/dd/yy) VALUE I	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
		2		\$	
		8		\$	
				S	
Comments:	Comments:				

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT DECEIVED EED 1 0 2025

Please type or print in ink.	(FIDAT)		WECELAED LES T & SOTO
NAME OF FILER (LAST) RICHARDS	(FIRST) MICHELE	(М	IDDLE)
	WIGHTEL		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms) CALIFORNIA DEPARTMENT OF	FOOD & AGRIC	CULTURE	
Division, Board, Department, District, if applicable		Your Position	
Fairs & Expositions / 32nd District Ag	gricultural Assoc.	MANAGER/GEC)
▶ 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	4	Judge, Retired Judge, Pr (Statewide Jurisdiction)	o Tem Judge, or Court Commissioner
Multi-County		County of	
City of		Other	
3. Type of Statement (Check at least one box			
Annual: The period covered is January 1, 202 December 31, 2024.	35.		eft
The period covered is//. December 31, 2024.	, through	The period covered i leaving office.	s January 1, 2024, through the date of
Assuming Office: Date assumed/_	1	N-300	is, throug
Candidate: Date of Election	and office sought,	if different than Part 1:	
4. Schedule Summary (required)	► Total number	of pages including this co	ver page: 2
Schedules attached			
Schedule A-1 - Investments - schedule attac			Business Positions - schedule attache
Schedule A-2 - Investments - schedule attack	illou	Schedule D - Income - Gifts - s	
Schedule B - Real Property - schedule attack	ched	Schedule E - Income - Gifts - 1	Travel Payments - schedule attached
-or- None - No reportable interests on	any pahadula		
-Or- None - No reportable interests on a 5. Verification	arry scriedule		
MAILING ADDRESS STREET	CITY	STAT	TE ZIP CODE
(Business or Agency Address Recommended - Public Document) 88 Fair Drive	Costa M	lesa CA	92626
DAYTIME TELEBUONE MUMBER	- The state of the	FMAIL ADDRESS	92020
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co			or my knowledge the information conta
I certify under penalty of perjury under the laws	CONTRACT DESCRIPTION OF THE PROPERTY OF THE PR		
Date Signed 2-/8-2015	Sig	yn.	



► NAME OF SOURCE (Not an Acrony RAY CAMMACK SHOWS		► NAME OF SOURCE (Not an Acrony OAK VIEW GROUP	m)
ADDRESS (Business Address Accepted PO BOX 10, LAVEEN, AZ		ADDRESS (Business Address Accept 88 FAIR DRIVE, COSTA N	
BUSINESS ACTIVITY, IF ANY, OF MASTER CARNIVAL OPE		BUSINESS ACTIVITY, IF ANY, OF S MASTER CONCESSIONA	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
7 ,19 ,24 ,250	RIDE PASS	1 4 24 \$125	DINNER
1 ,3 ,24 \$100	DINNER	12,16,24 \$75	GIFT BASKET
12,2,24 , 100	DINNER	12,3,24,100	DINNER
▶ NAME OF SOURCE (Not an Acron)	ym)	► NAME OF SOURCE (Not an Acrony	m)
ADDRESS (Business Address Accept	otable)	ADDRESS (Business Address Accept	table)
BUSINESS ACTIVITY, IF ANY, OF	SOURCE	BUSINESS ACTIVITY, IF ANY, OF S	GOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
\$	-	\$	
/\$	-0	\$	
► NAME OF SOURCE (Not an Acrony	/m)	► NAME OF SOURCE (Not an Acronyo	m)
ADDRESS (Business Address Accep	table)	ADDRESS (Business Address Accept	able)
BUSINESS ACTIVITY, IF ANY, OF	SOURCE	BUSINESS ACTIVITY, IF ANY, OF S	OURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
/\$		\$	
\$			
/\$	3		
Comments:			
81			

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink.

RECEIVED FEB 1 4 2025

NA	ME OF FILER (LAST) (FIRST)		(MIDDLE)	
	BRITO MIGI	IEL			
1.	Office, Agency, or Court			eta	
	Agency Name (Do not use acronyms)				
	CALIFORNIA DEPARTMENT OF FO	OD & AGRI	CULTURE		
	Division, Board, Department, District, if applicable		Your Positi	STATE	
	Fairs & Expositions / 32nd District Agricu	ıltural Assoc.	SVI	ENT CO	SPDINATOR
	▶ If filing for multiple positions, list below or on an attach	ment. (Do not us	e acronyms)		
	Agency:		Position:		
2.	Jurisdiction of Office (Check at least one box)				
	■ State	13 1		etired Judge, Pro Tem Ju e Jurisdiction)	dge, or Court Commissioner
	Multi-County		County o	f	
	City of		0.000		
3.	Type of Statement (Check at least one box)				
	Annual: The period covered is January 1, 2024, three December 31, 2024.	ough	Leaving	Office: Date Left (Check one cit	
	The period covered is//	, through		period covered is Januar, ing office.	y 1, 2024, through the date of
	Assuming Office: Date assumed//		The	period covered is date of leaving office.	/, through
	Candidate: Date of Election	and office sought	, if different than Pa	art 1:	_
4.	Schedule Summary (required)	Total number	of pages inclu	ıding this cover pag	ge:
	Schedules attached				<u> </u>
	Schedule A-1 - Investments – schedule attached		Schedule C - In-	come, Loans, & Business	Positions - schedule attached
	Schedule A-2 - Investments - schedule attached		Schedule D - In-	come - Gifts - schedule	attached
	Schedule B - Real Property - schedule attached		Schedule E - Inc	come – Gifts – Travel Paj	yments - schedule attached
-(-or- 🕅 None - No reportable interests on any schedule				
5.	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Fublic Document)	CITY		STATE	ZIP CODE
	88 Fair Drive	Costa I		CA	92626
· · ·	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
old.	I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complete				owiedge the information contained
	I certify under penalty of perjury under the laws of the	State of Californ	nia that		
	Date Signed 62/14/25 (mointh, day, year)	_ s	ignature		ing officiel.)

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date Initial Filing Received

RECEIVED FEB 1 2 2025

Please type or print in ink.	
NAME OF FILER (LAST) SIVA (FIRST)	ila
1. Office, Agency, or Court	
Agency Name (Do not use acronyms) CALIFORNIA DEPARTMENT OF FOOD 8	& AGRICULTURE
Division, Board, Department, District, if applicable	Your Position
Fairs & Expositions / 32nd District Agricultural	DOLINIOS SCIVICO OTTOCK
▶ 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	
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.)
The period covered is	, through The period covered is January 1, 2024, through the date of leaving office.
Assuming Office: Date assumed//	
Candidate: Date of Election and off	ffice 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 E - Income − Gifts − Travel Payments − schedule attached
Schedule B - Real Property - schedule attached	Scriedule E • Income – Gins – Traver Payments – Scriedule attached
-or-X None - No reportable interests on any schedu	ule
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 herein and in any attached schedules is true and complete. I ack	have reviewed this statement and to the best of my knowledge the information contained knowledge this is a public document.
I certify under penalty of perjury under the laws of the State	of California that the
Date Signed 2 11 25	Signature _

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 2 8 2025

Pl	lease type or print in ink.			
NA	AME OF FILER (LAST)	(FIRST)	(MIDDLE)	
R	RUBALCAVA-GARCIA	NATALIE		
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			_
	CALIFORNIA DEPARTMENT	OF FOOD & AGR	ICULTURE	
	Division, Board, Department, District, if applica	ble	Your Position	
	Fairs & Expositions / 32nd Distric	ct Agricultural Assoc	BOARD OF DIRECTORS	
	► If filing for multiple positions, list below or o	n an attachment. (Do not us	se acronyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at leas	t 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 or	ne box)	en de la companya de	
	Annual: The period covered is January 1 December 31, 2024.	, 2024, through	Leaving Office: Date Left/(Check one circle below.)	
	The period covered is/_ December 31, 2024.	, through	The period covered is January 1, 2024, through the date of leaving office.	
	Assuming Office: Date assumed	<i></i>	The period covered is/, through the date of leaving office.	
	Candidate: Date of Election	and office sought	t, if different than Part 1:	
4.	Schedule Summary (required)	► Total number	of pages including this cover page:	
	Schedules attached			
	Schedule A-1 - Investments - schedule	e attached	Schedule C - Income, Loans, & Business Positions - schedule attached	d
	Schedule A-2 - Investments - schedule	e attached	Schedule D - Income - Gifts - schedule attached	
	Schedule B - Real Property - schedule	e attached	Schedule E - Income - Gifts - Travel Payments - schedule attached	
-(or- None - No reportable interests	on any schedule		
5.		on any concade		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docu	CITY	STATE ZIP CODE	_
	88 FAIR DRIVE		A MESA CA 92626	
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
	(714) 708-1514		NRUBALCAVA-GARCIA@OCFAIRBOARD.COM	
	I have used all reasonable diligence in preparin herein and in any attached schedules is true a		ewed this statement and to the best of my knowledge the information contain this is a public document.	ned
	I certify under penalty of perjury under the	laws of the State of Califor	nia tha	
	Date Signed 3/28/202		signatuı	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION NATALIE RUBALCAVA-GARCIA

NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS ADDRESS (Business Activity, if Any, of SOURCE MASTER CARNIVAL OPERATOR DATE (minidally) VALUE DESCRIPTION OF GIFT(S) 7 19 24 500 RIDE PASS NAME OF SOURCE (Not an Acronym) BAL PRODUCTIONS, INC ADDRESS (Business Activity, if Any, of SOURCE CROSSROADS OF THE WEST EVENT PROMOTER DATE (minidally) 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 (minidally) 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 (minidally) VALUE DESCRIPTION OF GIFT(S) \$ \$ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (minidally) VALUE DESCRIPTION OF GIFT(S) \$ \$ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (minidally) VALUE DESCRIPTION OF GIFT(S) \$ \$ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (minidally) VALUE DESCRIPTION OF GIFT(S) \$ \$ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (minidally) VALUE DESCRIPTION OF GIFT(S) \$ \$ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (minidally) VALUE DESCRIPTION OF GIFT(S) \$ \$ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (minidally) VALUE DESCRIPTION OF GIFT(S)		
ADDRESS (Business Address Acceptable) PO BOX 10, LAVEEN, AZ 85399 BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR DATE (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) 07, 19, 24, 500 RIDE PASS NAME OF SOURCE (Not an Acronym) B8L 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 (mmiddlyy) VALUE DESCRIPTION OF GIFT(S) 3	• • • • • • • • • • • • • • • • • • • •	1 · · · · · · · · · · · · · · · · · ·
PO BOX 10, LAVEEN, AZ 85339 BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR DATE (mm/ddyy) VALUE \$ 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 2031, 24 100 GUN SHOW TICKETS		
MASTER CARNIVAL OPERATOR DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 07, 19, 24, \$500 RIDE PASS IDENTIFY AND 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	·	1 1 · · · · · · · · · · · · · · · · · ·
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 12 16 24 570.00 WINTER FEST TICKETS 13 20 30 30 30 30 30 30 30 30 30 30 30 30 30	BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
07 19 24 \$ 500 RIDE PASS	MASTER CARNIVAL OPERATOR	WINTER FEST EVENT PROMOTER
Same Source Name of Source Not an Acronym	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
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 I	07,19,24 \$500 RIDE PASS	12,16,24 \$570.00 WINTER FEST TICKETS
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 I		\$
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 I		/
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)	► NAME OF SOURCE (Not an Acronym)
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	B&L PRODUCTIONS, INC	
BUSINESS ACTIVITY, IF ANY, OF SOURCE CROSSROADS OF THE WEST EVENT PROMOTER DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) J	· · · · · · · · · · · · · · · · · · ·	ADDRESS (Business Address Acceptable)
CROSSROADS OF THE WEST EVENT PROMOTER DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 3		BUSINESS ACTIVITY IF ANY OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 3 30-31 24 \$100 GUN SHOW TICKETS		beenteed notivity, in hitti, or beentee
S		DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	3 30-31 24 100 GUN SHOW TICKETS	
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) // \$	► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) //	ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
,	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
,		
,		\$
	/	\$
	_	,
Comments:	Comments:	



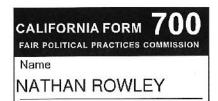
Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink.

RECEIVED FEB 1 1 2025

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
ROWLEY	NATHAN			
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
CALIFORNIA DEPARTM	MENT OF FOOD & AG	RICULTURE		
Division, Board, Department, District, if	f applicable	Your Position	n	
Fairs & Expositions / 32nd	District Agricultural Ass	oc. DEPU	TY MANAGER	
▶ If filing for multiple positions, list be	low or on an attachment. (Do no	ot use acronyms)	59	
Agency:		Position: _		
2. Jurisdiction of Office (Check	at least one box)			
State			tired Judge, Pro Tem J Jurisdiction)	udge, or Court Commissioner
Multi-County		County of	0	
City of		(\$ 0.00 (\$ 0.0		*
3. Type of Statement (Check at	least one box)			
Annual: The period covered is Jaccember 31, 2024.	HOMEON CONTRACTOR CONT	Leaving	Office: Date Left (Check one c	
The period covered is _ December 31, 2024.	, through	MU	eriod covered is Januar ng office.	y 1, 2024, through the date of
Assuming Office: Date assumed	d/		eriod covered is ate of leaving office.	/, through
Candidate: Date of Election	and office so	ught, if different than Pa	rt 1:	
4. Schedule Summary (require	ed) ► Total num	ber of pages include	ding this cover pa	ge: 2
Schedules attached	3			9 1
Schedule A-1 - Investments -	schedule attached	Schedule C - Inc.	ome, Loans, & Busines	s Positions - schedule attached
Schedule A-2 - Investments -	schedule attached	THE RESIDENCE OF THE PARTY AND	ome – Gifts – schedule	
Schedule B - Real Property -	schedule attached	Schedule E - Inco	ome – Giits – Travel Pa	syments - schedule attached
or- 🗌 None - No reportable in	terests on any schedule			
. Verification	,			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pr	CITY ublic Document)		STATE	ZIP CODE
88 Fair Drive	Cos	sta Mesa	CA	92626
DAYTIME TELEPHONE NUMBER	ÿā.			
I have used all reasonable diligence in herein and in any attached schedules in				owledge the information containe
I certify under penalty of perjury und	ED EN COLO WEREN CHENNER NOVEMBER	173.0 SS 10.07 W/GSA	samenAPALS	
Date Signed 67_///	12025	Signature		



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



Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

RECEIVED MAR 1 7 2025

Please type or print in ink.			*****	,5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	<u> </u>
PHAM	NEWTON			
1. Office, Agency, or Court				
Agency Name (Do not use acronyms	:)			
CALIFORNIA DEPARTI	MENT OF FOOD & AGRI	CULTURE		
Division, Board, Department, District,	f applicable	Your Position		
Fairs & Expositions / 32nd	District Agricultural Assoc.	BOARD	OF DIRECTO	RS
► If filing for multiple positions, list be	elow or on an attachment. (Do not use	e acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Chec	k at least one box)			
■ State		Judge, Retire (Statewide J	-	dge, or Court Commissioner
Multi-County		County of		
City of				
				*.
3. Type of Statement (Check at	least one box)			
Annual: The period covered is a December 31, 2024.	lanuary 1, 2024, through	Leaving Of	ffice: Date Left (Check one circ	
The period covered is December 31, 2024.	, through	│ │ The per leaving -or-	-	1, 2024, through the date of
Assuming Office: Date assume	d/	☐ The per	riod covered is/. e of leaving office.	/, through
Candidate: Date of Election	and office sought,	if different than Part	1:	
4. Schedule Summary (required	ed) ► Total number	of pages includi	ng this cover pag	re: 4
Schedules attached				
Schedule A-1 - Investments -	schedule attached	Schedule C - Incon	ne, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments -	-	Schedule D - Incon	ne – Gifts – schedule a	attached
Schedule B - Real Property -		Schedule E - Incom	ne – Gifts – Travel Pay	ments – schedule attached
				monta – soricatio attachea
-or- None - No reportable i	nterests on any schedule			
5. Verification	· · · · · · · · · · · · · · · · · · ·			
MAILING ADDRESS STREET	CITY		STATE	ZIP CODE
(Business or Agency Address Recommended - I	Public Document)			
88 FAIR DRIVE	COSTA		CA	92626
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(714) 708-1514 I have used all reasonable diligence in	preparing this statement. I have review	NPHAM@OCFAIRE wed this statement and		wledge the information contained
herein and in any attached schedules	is true and complete. I acknowledge	this is a public docum	ent.	
I certify under penalty of perjury ur	der the laws of the State of Californ	ia that the foregoing	j is true and correct.	
Date Signed 3/14/25	Si	gnature Newton	Pham An	gitally signed by Newton Pham ate: 2025.03.14 13:32:29 -07'00'
month day			the originally signed namer states	

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	► 1. BUSINESS ENTITY OR TRUST
SynerG, Inc.	A&D Precision Manufacturing, Inc.
Name	Name
11101 Condor Avenue, Fountain Valley, CA	4751 E Hunter Avenue, Anaheim, CA
Address (Business Address Acceptable)	. Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED \$10,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 /
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Partner	YOUR BUSINESS POSITION Co-Owner
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$0 - \$499
➤ 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	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box: INVESTMENT REAL PROPERTY	Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments: __

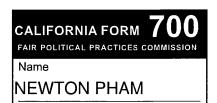
SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

NEWTON PHAM

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
NEWTON PHAM

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Zions Bancorporation	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1900 Main Street, Irvine, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 S10,001 - \$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	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)	(Describe)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	<u> </u>
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in	al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender's
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other(Describe)
Comments:	



► NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS	► NAME OF SOURCE (Not an Acronym) CELEBRATION FESTIVALS LLC
ADDRESS (Business Address Acceptable) PO BOX 10, LAVEEN, AZ 85339	ADDRESS (Business Address Acceptable) 48 WATERWORKS WAY, IRVINE, CA 92618
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR	BUSINESS ACTIVITY, IF ANY, OF SOURCE WINTER FEST EVENT PROMOTER
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
07,19,24 \$500 RIDE PASS	12,16,24 \$570.00 WINTER FEST TICKETS
	/
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
Comments:	



Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink.		1	RECEIVED MAR 2 8 2025
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
BUFFA	NICHOLAS		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
CALIFORNIA DEPARTM	IENT OF FOOD & AGRIC	CULTURE	
Division, Board, Department, District, if	applicable	Your Position	
Fairs & Expositions / 32nd	District Agricultural Assoc.	Deputy Manager I	<u> </u>
▶ If filing for multiple positions, list bel	ow or on an attachment. (Do not use	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check	at least one box)		
■ State		Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County		County of	
City of		Other	
3. Type of Statement (Check at I	least one box)		
Annual: The period covered is Ja December 31, 2024.	inuary 1, 2024, through	Leaving Office: Date Left(Check one	
The period covered is	, through	☐ The period covered is Janua leaving office. -or-	ary 1, 2024, through the date of
Assuming Office: Date assumed			_/, through
Candidate: Date of Election	and office sought,	if different than Part 1:	
1. Schedule Summary (require	ed) ► Total number	of pages including this cover p	ane: 2
Schedules attached	, , , , , , , , , , , , , , , , , , , ,	or pages moralang and core. pr	
Schedule A-1 - Investments -	schedule attached	Schedule C - Income, Loans, & Busine	ss Positions - schedule attached
Schedule A-2 - Investments -	oonoado anaonoa	Schedule D - Income - Gifts - schedule	
Schedule B - Real Property -	schedule attached	Schedule E - Income - Gifts - Travel F	Payments – schedule attached
-or- None - No reportable in	terests on anv schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Pu 88 Fair Drive	iblic Document) Costa N	Mesa CA	92626
DAYTIME TELEDUCINE MUMBER		EMAIL ADDRESS	
		ved this statement and to the best of my k	nowledge the information contained
herein and in any attached schedules in I certify under penalty of perjury under I certify under I certify I certify under I certify I		nis is a public document. ia t hat the foregoing is true and cor rec	et.
Date Signed MARCH 28 (month, day, ye	5 2025 Signary	gna erst	atement with your filing official.)



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



A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 2 7 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 **BOARD OF DIRECTORS** Fairs & Expositions / 32nd District Agricultural A ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: __ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) County of Multi-County _____ City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2024, through Leaving Office: Date Left _____/___ December 31, 2024. (Check one circle below.) -or-☐ The period covered is January 1, 2024, through the date of The period covered is ______, through leaving office. December 31, 2024. 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 C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments – schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET ZIP CODE (Business or Agency Address Recommended - Public Document) CA 88 FAIR DRIVE COSTA MESA 92626 DAYTIME TELEPHONE NUMBER (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 03/26/202 Signature Date Signed (month, day, year) filing official.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
NICK KOVACEVICH

► NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS	► NAME OF SOURCE (Not an Acronym) CELEBRATION FESTIVALS LLC		
ADDRESS (Business Address Acceptable) PO BOX 10, LAVEEN, AZ 85339	ADDRESS (Business Address Acceptable) 48 WATERWORKS WAY, IRVINE, CA 92611		
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR	BUSINESS ACTIVITY, IF ANY, OF SOURCE WINTER FEST EVENT PROMOTER		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
07 19 24 500 RIDE PASS	12 16 24 \$570.00 WINTER FEST TIC		
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
Stellar Entertainment Group, Garden Bros Nu	Jurassic Quest Holdings, LLC		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
2187 Siesta Drive, Sarasota, FL 34239	200 River Pointe Drive, #312, Conroe, TX 77		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
CIRCUS EVENT PROMOTER	DINOSAUR EVENT PROMOTER		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
4 18 24 200 Nuclear Circus Tick	2 ,24 ,24		
/			
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
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 MAR 1 1 2025

SAI	E OF FILER (LAST)	(FIRST)	(MIDDLE)	
_		OMAR	(MIDDLE)	
1 (NCHEZ	OMAR		
-	Office, Agency, or Court			
	Agency Name (Do not use acronyms) CALIFORNIA DEPARTMENT	OF FOOD & AGRIC	CULTURE	
. [Division, Board, Department, District, if applica	ble	Your Position	
	Fairs & Expositions / 32nd Distric	ct Agricultural Assoc.	DM1 DEPUT	& MANAGER I
,	If filing for multiple positions, list below or c	n an attachment. (Do not use		
A	Agency:		Position:	
2. ,	Jurisdiction of Office (Check at leas	t one box)		
[■ State		Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
	Multi-County		County of	
	City of			
	Type of Statement (Check at least or			
[Annual: The period covered is January 1 December 31, 2024.	, 2024, through	Leaving Office: Date Left (Check one	e circle below.)
	The period covered is/_ December 31, 2024.	, through	☐ The period covered is Janu leaving office.	uary 1, 2024, through the date of
	Assuming Office: Date assumed	l		, through
	Candidate: Date of Election	and office sought, i	f different than Part 1:	
4. §	Schedule Summary (required)	► Total number of	of pages including this cover p	page:
S	Schedules attached			
	Schedule A-1 - Investments - schedule	e attached	Schedule C - Income, Loans, & Busin	ess Positions - schedule attached
	Schedule A-2 - Investments - schedule	e attached .	Schedule D - Income - Gifts - schedu	ule attached
	Schedule B - Real Property - schedule	e attached	Schedule E - Income - Gifts - Travel	Payments – schedule attached
-or	r- ☑ None - No reportable interests	on any schedule		
5. V	/erification			
	MAILING ADDRESS STREET Business or Agency Address Recommended - Public Docu	CITY ment)	STATE	ZIP CODE
	88 Fair Drive	Costa M		92626
D	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
	have used all reasonable diligence in preparin perein and in any attached schedules is true a			knowledge the information contained
	certify under penalty of perjury under the			
	Date Signed 3/10/25		natu	

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink.

RECEIVED FEB 2 8 2025

Please type or print in ink.				
NAME OF FILER (LAST) SITAGATA-IA	(FIRST)		(MIDDLE)	
	PUNA			
1. Office, Agency, or Court				i
Agency Name (Do not use acronym CALIFORNIA DEPART	•	& AGRICULTURE		
Division, Board, Department, District	if applicable	Your Po	sition	
Fairs & Expositions / 32nd	d District Agricultura	al Assoc. DM1	DEPUTY M	ANAGERI
▶ If filing for multiple positions, list	below or on an attachment	(Do not use acronyms)	•	
Agency:		Position	1:	
2. Jurisdiction of Office (Che	ck at least one box)			
■ State			Retired Judge, Pro Tem Juide Jurisdiction)	dge, or Court Commissioner
Multi-County		County	of	
City of		Other		
3. Type of Statement (Check a	at least one box)			
Annual: The period covered is December 31, 2024.	January 1, 2024, through	Leavi	ng Office: Date Left (Check one ci	rcle below.)
The period covered is December 31, 2024.		_,	ne period covered is Januar aving office.	y 1, 2024, through the date of
Assuming Office: Date assum	ied/	Ti	ne period covered is e date of leaving office.	/, through
Candidate: Date of Election _	and	office sought, if different than	Part 1:	
l. Schedule Summary (requi	ired) ► Tota	al number of pages inc	cluding this cover pa	ne: 1
Schedules attached	, , , , , , , , , , , , , , , , , , , ,	e. e. pagee	maamig ame eever pa	
Schedule A-1 - Investments	- schedule attached	Schedule C -	Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments	 schedule attached 		Income - Gifts - schedule	
Schedule B - Real Property	 schedule attached 	Schedule E -	Income – Gifts – Travel Pa	yments - schedule attached
or Mono No reportable	internate on any asha	dula		
-or-	interests on any sche	aule		
MAILING ADDRESS STREET		CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - 88 Fair Drive	Public Document)	Costa Mesa	CA	92626
DAYTIME TELEPHONE NUMBER		LEMAIL ADDRESS	- CA	32020
r nave used all reasonable diligence i				owledge the information contains
herein and in any attached schedule I certify under penalty of perjury u			JOGUITIEII(,	
21001	2026			
Date Signed (month, de	y, year)	Sig		t with your filing official.)



Date Initial Filing Received

A PUBLIC DOCUMENT

RECEIVED FEB 1 4 2025

lease type or print in ink.			
AME OF FILER (LAST)	(FIRST)		
Chiu	Rebecca		
Office, Agency, or Court			b.
Agency Name (Do not use acronyms	3)		
CALIFORNIA DEPARTI	MENT OF FOOD & AGRI	CULTURE	
Division, Board, Department, District,	if applicable	Your Position	
Fairs & Expositions / 32nd	District Agricultural Assoc.	Event coordi	nator
► If filing for multiple positions, list be	elow or on an attachment. (Do not use	e acronyms)	
Agency		Position:	
nguloy.		T OBITOTI .	
Jurisdiction of Office (Chec	k at least one box)		
State		 Judge, Retired Judge, Pro Tem Ju (Statewide Jurisdiction) 	dge, or Court Commissioner
Multi-County		County of	
City of		Other	
Type of Statement (Check at			
Annual: The period covered is	- 1.55	Leaving Office: Date Left	1 1
December 31, 2024.	randary 1, 2024, through	(Check one cir	
The period covered is December 31, 2024.		☐ The period covered is January leaving office.	1, 2024, through the date of
Assuming Office: Date assume	d	☐ The period covered is the date of leaving office,	, through
Candidate: Date of Election	and office sought,	if different than Part 1:	
Schedule Summary (requir	1970 1		
Schedules attached	ed) ► lotal number	of pages including this cover pag	le:
Schedule A-1 - Investments -	schedule attached	Schedule C - Income, Loans, & Business	
Schedule A-2 - Investments -	TO DESCRIPTION FRANCISCO PROPERTY AND A STATE OF THE PROPE	Schedule D - Income - Giffs - schedule	
Schedule B - Real Property -	schedule attached	Schedule E - Income – Gifts – Travel Pay	ments – schedule attached
or- None - No reportable i	nterests on any schedule		
Verification	norodio on any denoune		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - I	oranic control control and con	4	00000
88 Fair Drive	Costa M	Mesa CA	92626
	preparing this statement. I have review		information containe
	is true and complete. I acknowledge to		
I certify under penalty of perjury un	der the laws of the State of Californ	ia that the foregoing is true and correct.	
Date Signed 2112125) Qi	gnature	
(month, day,	OI OI		ment with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

RECEIVED FEB 2 6 2025

Please type or print in ink.					
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Dominguez	Reymun	ndo			
1. Office, Agency, or Court					
Agency Name (Do not use acronyr	ms)				
CALIFORNIA DEPART	MENT OF FOOD) & AGRICULTURI	E		
Division, Board, Department, District	t, if applicable	Your P	osition		
Fairs & Expositions / 32n	d District Agricultur	ral Assoc.			
▶ If filing for multiple positions, list	below or on an attachment	t. (Do not use acronyms)			
Agency: 32nd District Agr	riculture Associato	on Position	on: DM1 DEPUT	Y MANAGER	1
2. Jurisdiction of Office (Che	eck at least one box)				
■ State			e, Retired Judge, Pro Tem Ju wide Jurisdiction)	udge, or Court Commissione	er
Multi-County		Count	ty of		
City of					
3. Type of Statement (Check	at least one box)				
Annual: The period covered is December 31, 2024.	s January 1, 2024, through	Leav	ving Office: Date Left (Check one ci		
The period covered is December 31, 2024.	S		the period covered is Januar eaving office.	y 1, 2024, through the date of	of
Assuming Office: Date assum	ned/		he period covered ishe date of leaving office.	/, throu	ıgh
Candidate: Date of Election _	and	office sought, if different than	n Part 1:		
4. Schedule Summary (requ	ired) ► Tot	al number of pages in	cluding this cover pa	ge: 2	
Schedules attached					
Schedule A-1 - Investments	- schedule attached	Schedule C	- Income, Loans, & Business	s Positions - schedule attac	hed
Schedule A-2 - Investments	- schedule attached		- Income - Gifts - schedule		
Schedule B - Real Property	- schedule attached	Schedule E	- Income – Gifts – Travel Pa	yments - schedule attached	i
-or- None - No reportable	interests on any sche	edule			
5. Verification	interests on any cone			· · · · · · · · · · · · · · · · · · ·	
MAILING ADDRESS STREET		CITY	STATE	ZIP CODE	
(Business or Agency Address Recommended 88 Fair Drive	- Public Document)	Costo Moso	CA	02626	
ANTHE TELEPHONE WHITE		Costa Mesa	CA	92626	
I have used all reasonable diligence herein and in any attached schedule				owledge the information conf	tained
	es is true and complete, I	acknowledge this is a nublic		owledge the information con	tained
herein and in any attached schedule	es is true and complete. I a	acknowledge this is a nublic		owledge the information con	tained



► NAME OF SOURCE (Not an Acronym) LWI	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) 21195 Praire View Lane, Trabuco Canyon CA 92679	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Parking Lot Sweeping/Reuse Pick up	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 00 5 100 Restaurant Gift Card	\$
	\$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	
/ \$	
\$	\$
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
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 MAR 1 2 2025

Please type	or print	in ink.				
NAME OF FILE		,	•		(MIDDLE)	
CASTAGN			OBERT			
		y, or Court				
		o not use acronyms) IA DEPARTMENT OF F	OOD & AGRIC	CULTURE		
Division,	Board, D	epartment, District, if applicable		Your Position		
Fairs 8	& Expo	sitions / 32nd District Agric	cultural Assoc.	DEPUTY MA	ANAGER	<u> </u>
➤ If filing	for mult	iple positions, list below or on an atta	chment. (Do not use	acronyms)		
Agency:			-	Position:		
2. Jurisd	iction	of Office (Check at least one bo	x)			
State				Judge, Retired Jud (Statewide Jurisdic	_	udge, or Court Commissioner
Multi-	County _			County of		
City o	f			Other		
3. Type o	of Stat	ement (Check at least one box)				
	Dec	period covered is January 1, 2024, tember 31, 2024.	hrough	Leaving Office:	Date Left (Check one c	// ircle below.)
•		period covered is/	, through	The period con leaving office.	vered is Janua	ry 1, 2024, through the date of
Assı	ıming O	fice: Date assumed//				_/, through
Can	didate:	Date of Election	_ and office sought,	if different than Part 1:		
4. Sched	ule Su	mmary (required)	► Total number	of pages including th	is cover pa	ge: 1
Sched	ules a	ttached				
s	chedule	A-1 - Investments - schedule attache	d \Box			s Positions - schedule attached
		A-2 - Investments – schedule attache		Schedule D - Income - G		
S	chedule	3 - Real Property schedule attache	d	Schedule E - Income – G	ifts – Travel Pa	ayments - schedule attached
-or- ☑ /	Vone -	No reportable interests on any	v schedule			
5. Verifica						
MAILING A		STREET idress Recommended - Public Document)	CITY		STATE	ZIP CODE
88 Fair		ruless Nevertilliditided - Public Document)	Costa M	lesa	CA	92626
DAYTIME T	ELEPHONE	NUMBER		EMAII ADDDESS		
		sonable diligence in preparing this sta attached schedules is true and comp			e best of my kn	nowledge the information contained
I certify	under pe	nalty of perjury under the laws of	the State of Californi	a that		
Date Sigr	ned 3/1	2/25	Sig	nature		
		(month, day, year)				ilh your filing official.)



Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink.

RECEIVED FEB 1 0 2025

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
RUIZ	ROBERT		(MIDDLE)	
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
CALIFORNIA DEPARTMEN	T OF FOOD & AGE	RICULTURE		
Division, Board, Department, District, if appl	licable	Your Position		
Fairs & Expositions / 32nd Dis	trict Agricultural Assoc	BOARD	OF DIRECTO	RS
► If filing for multiple positions, list below of		_		
	ı	CE E		£
Agency:		Position:		
2. Jurisdiction of Office (Check at It	east one box)			
State		Judge, Retire (Statewide Ju		dge, or Court Commissioner
Multi-County		County of		
City of				
3. Type of Statement (Check at least		A		
Annual: The period covered is Januar December 31, 2024.		Leaving Off	ice: Date Left	rcle below.)
-or- The period covered is December 31, 2024.	J, through	☐ The perion leaving of the perion of the period of the p	MENNY SERVICE	1, 2024, through the date of
Assuming Office: Date assumed		☐ The perio	od covered is of leaving office.	/, through
Candidate: Date of Election	and office sough	ht, if different than Part 1	:	
4. Schedule Summary (required)	► Total numbe	er of pages includin	g this cover pag	ye: 2
Schedules attached		no rem • oc. • or or america organi	•	- Anny
Schedule A-1 - Investments - sche	dule attached	Schedule C - Income	e, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments - schedule A-2 - Investments		Schedule D - Income		
Schedule B - Real Property - sched		Schedule E - Income	e – Gifts – Travel Pay	yments - schedule attached
-or- None - No reportable intere	sts on any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public D	CITY ocument)		STATE	ZIP CODE
88 FAIR DRIVE		ΓA MESA	CA	92626
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(714) 708-1514		RRUIZ@OCFAIRBO	ARD.COM	
I have used all reasonable diligence in preparent herein and in any attached schedules is true				owledge the information contained
I certify under penalty of perjury under the		The state of the s		
The second secon				
Date Signed 2-10 - 25 (month, day, year)		Sig		



► NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS	► NAME OF SOURCE (Not an Acronym) CELEBRATION FESTIVALS LLC
ADDRESS (Business Address Acceptable) PO BOX 10, LAVEEN, AZ 85339	ADDRESS (Business Address Acceptable) 48 WATERWORKS WAY, IRVINE, CA 92618
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR	BUSINESS ACTIVITY, IF ANY, OF SOURCE WINTER FEST EVENT PROMOTER
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
07,19,24 \$500 RIDE PASS	12,16,24 \$570.00 WINTER FEST TICKETS
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
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

Please type or print in ink.

RECEIVED FEB 1 4:2025

NAME OF FILER (LAST)	(FIRST)	RUBY	(MIDDLE)	
1. Office, Agency, or Court				
Agency Name (Do not use acronyms) CALIFORNIA DEPARTMENT OF	FOOD	& AGRICUL	TURE	
Division, Board, Department, District, if applicable			Your Position	
Fairs & Expositions / 32nd District A	gricultura	al Assoc.	ACCOUNTA	LANAGER
▶ If filing for multiple positions, list below or on an	attachment.	(Do not use acro.	lyms)	•
Agency:			Position:	
2. Jurisdiction of Office (Check at least one	e box)			
■ State			Judge, Retired Judge, Pro Tem Jud (Statewide Jurisdiction)	dge, or Court Commissioner
Multi-County			County of	
City of				
3. Type of Statement (Check at least one bo) x)			
Annual: The period covered is January 1, 202 December 31, 2024.	24, through	1	Leaving Office: Date Left(Check one circ	
The period covered is/	/	_, through	The period covered is January leaving office.	1, 2024, through the date of
Assuming Office: Date assumed/		10	The period covered is the date of leaving office.	, through
Candidate: Date of Election	and c	office sought, if diffe	rent than Part 1:	
4. Schedule Summary (required) Schedules attached	➤ Tota	l number of pa	ges including this cover pag	e: _ Z
Schedule A-1 - Investments - schedule atta	uched	Sche	dule C - Income, Loans, & Business	Positions – schedule attached
Schedule A-2 - Investments - schedule atta			dule D - Income - Gifts - schedule a	
Schedule B - Real Property - schedule atta	iched	Sche	dule E - Income – Gifts – Travel Payı	ments – schedule attached
-or None - No reportable interests on	any school	dula		
5. Verification	arry sonec	JUIG		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)		CITY	STATE	ZIP GODE
88 Fair Drive		Costa Mesa	CA	02626
		EMAIL	ADDRESS	
r have used an reasonable unigence in preparing this herein and in any attached schedules is true and co	statement. omplete. I a	I have reviewed thi cknowledge this is	s statement and to the best of my know a public document.	wledge the information contained
I certify under penalty of perjury under the laws	of the State	e of California tha	the f	
Date Signed 2-14-2025		Signatu	e	



► NAME OF SOURCE RAY CAMMA		m)	► NAME OF SOURCE	CE (Not an Acro	onym)
ADDRESS (Busine PO BOX 10,	ess Address Accept LAVEEN, AZ		ADDRESS (Busine	ess Address Acc	eptable)
BUSINESS ACTIV			BUSINESS ACTIV	TTY, IF ANY, O	F SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 ,19,24	\$	RIDE PASS		\$	_
	\$			\$	_
	\$			\$	
NAME OF SOURCE	Strun C	Scoter for the	► NAME OF SOURCE	CE (Not an Acro	nym)
	ss Address Accept		ADDRESS (Busine	ss Address Acc	eptable)
BUSINESS ACTIV	oti W 2	2 Portner	BUSINESS ACTIV	ITY, IF ANY, OI	FSOURCE
DATE (mm/dd/yy)		DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8,6,24	s 145	(1) performance		\$	<u></u>
	\$			\$	
	\$	2		s	
NAME OF SOURC	CE (Not an Acronyr	n)	► NAME OF SOURCE		
ADDRESS (Busine	ss Address Accepta	able)	ADDRESS (Busine	ss Address Acc	eptable)
BUSINESS ACTIVI	ITY, IF ANY, OF S	OURCE	BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	
	\$	31		\$	
	\$			\$	_:
Comments:					
Comments:					

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 1 2 2025

Please type or print in ink.				
NAME OF FILER (LAST) (FIRST)	M	IDDI E/	
ANGUS	SUMMER			
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
CALIFORNIA DEPARTMENT OF	FOOD & AGRICUL			
Division, Board, Department, District, if applicable		Your Position		
Fairs & Expositions / 32nd District Ag	ricultural Assoc.	DEPUTY MAI	NAGER	-I
▶ If filing for multiple positions, list below or on an a	ttachment. (Do not use acros	nyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at least one	box)			
■ State	-	Judge, Retired Judge, Pro (Statewide Jurisdiction)	o Tem Judge, o	r Court Commissioner
Multi-County		County of		
City of		Other		
3. Type of Statement (Check at least one box				
Annual: The period covered is January 1, 2024 December 31, 2024.	_	Leaving Office: Date L	.eft/ ck one circle be	
The period covered is/	, through	The period covered i leaving office.	s January 1, 20	24, through the date of
Assuming Office: Date assumed/		••		_/, through
Candidate: Date of Election	and office sought, if diffe	erent than Part 1:		
4. Schedule Summary (required)	► Total number of na	ges including this co	ver nage.	1
Schedules attached	rotar nambor or po	igos moraumy uno co	ror pago.	
Schedule A-1 - Investments – schedule attac	hed Sche	dule C - Income, Loans, &	Business Positi	ions - schedule attached
Schedule A-2 - Investments - schedule attac	¬ • ·	dule D - Income - Gifts - s	schedule attache	ed
Schedule B - Real Property - schedule attac	hed Sche	dule E - Income – Gifts – T	Travel Payments	s - schedule attached
-or- ✓ None - No reportable interests on a	any schodulo			
5. Verification	iny schedule			
MAILING ADDRESS STREET	CITY	STA	TE	ZIP CODE
(Business or Agency Address Recommended - Public Document) 88 Fair Drive	Costa Mesa	CA		92626
oo i ali biive	Costa Mesa			02020
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and cor			of my knowledg	e the information contained
I certify under penalty of perjury under the laws of				
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 2 7 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 DEPARTI		RICULTURE
Division, Board, Department, District,	f applicable	Your Position
Fairs & Expositions / 32nd	District Agricultural Assoc	BOARD OF DIRECTORS
► If filing for multiple positions, list be	elow or on an attachment. (Do not ι	use acronyms)
		5. "
Agency:		Position:
2. Jurisdiction of Office (Check	k at least one box)	
State	,	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
<u> </u>		(Statewide Jurisdiction)
Multi-County		County of
City of		Other
····	· · · · · · · · · · · · · · · · · · ·	
3. Type of Statement (Check at		
Annual: The period covered is December 31, 2024.	January 1, 2024, through	Leaving Office: Date Left/(Check one circle below.)
-or- The period covered is _ December 31, 2024.	, through	 The period covered is January 1, 2024, through the date of leaving office. -or-
Assuming Office: Date assume	d/	The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sough	ht, if different than Part 1:
4. Schedule Summary (requir	ed) ► Total numbe	er of pages including this cover page: 3
Schedules attached		
Schedule A-1 - Investments -		Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments -	Soriodalo attabilos	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property –	schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
<u> </u>	nterests on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - F	CITY Public Document)	STATE ZIP CODE
88 FAIR DRIVE	COST	TA MESA CA 92626
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(714) 708-1514		TBILEZIKJIAN@OCFAIRBOARD.COM
I have used all reasonable diligence in herein and in any attached schedules		riewed this statement and to the best of my knowledge the information contained e this is a public document.
I certify under penalty of perjury un	der the laws of the State of Califo	ornia that the foregoing is true and correct.
2 /22/22		Tonyo Bilozikijan Digitally signed by Tanya Bilozikijan
Date Signed 3/26/2025 (month, day,		Signature Tanya Bilezikjian Date: 2025.03.26 19:11:22-07000' (File the originally signed paper statement with your filing official.)
(monal, day,)	,/	1. In this engineery digital paper distortions that you ming officially

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	► NAME OF BUSINESS ENTITY
Amazon	Citi
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
online retailer	bank
FAIR MARKET VALUE	FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000	■ \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	MATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ /24//24	<u></u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Bank of America	Verizon
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
bank	cell phone service provider
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe) ☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED .
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Ford	Edison International
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
car manufacture and sales	utility company
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	<u></u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	* -
Comments:	



► NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS			► NAME OF SOURCE (Not an Acronym) CELEBRATION FESTIVALS LLC			
ADDRESS (Busines	•	•	-	ADDRESS (Busines	· ·	nble) RVINE, CA 92618
BUSINESS ACTIVI				BUSINESS ACTIVI WINTER FES		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	_	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07,19,24	\$	RIDE PASS	-	12,16,24	\$	WINTER FEST TICKETS
	\$		-		\$	
/	\$		-	/	\$	
► NAME OF SOURC	CE (Not an Acronym)		► NAME OF SOURC	E (Not an Acronym	1)
ADDRESS (Busines	ss Address Accepta	ble)	-	ADDRESS (Busines	ss Address Accepta	able)
BUSINESS ACTIVI	ITY, IF ANY, OF SO	DURCE	-	BUSINESS ACTIVI	TY, IF ANY, OF S	OURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	-	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	·	-		\$	
	\$		-		\$	
	\$		-		\$	
► NAME OF SOURC	CE (Not an Acronym)		► NAME OF SOURC	E (Not an Acronym	1)
ADDRESS (Busines	ss Address Accepta	ble)	-	ADDRESS (Busines	ss Address Accepta	nble)
BUSINESS ACTIVI	ITY, IF ANY, OF SC	DURCE	-	BUSINESS ACTIVI	TY, IF ANY, OF S	OURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	-	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$		-		\$	
	\$		-		\$	
	\$	·	_		\$	
Comments:						



A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 2 5 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 C			
Division, Board, Department, District, if applicable		Your Position	
Fairs & Expositions / 32nd District	Agricultural Assoc.	EVENT COORDINATO	PR
► If filing for multiple positions, list below or on	an attachment. (Do not use	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least of	one box)		· · ·
■ State		Judge, Retired Judge, Pro Tem Jud (Statewide Jurisdiction)	lge, or Court Commissioner
Multi-County		County of	
City of		Other	
3. Type of Statement (Check at least one			· · · · · · · · · · · · · · · · · · ·
Annual: The period covered is January 1, 2 December 31, 2024.	2024, through	Leaving Office: Date Left (Check one circ	ele below.)
The period covered is/ December 31, 2024.	/, through	leaving office.	1, 2024, tillough the date of
Assuming Office: Date assumed/_		The period covered is	, through
Candidate: Date of Election	and office sought,	if different than Part 1:	
4. Schedule Summary (required)	► Total number	of pages including this cover pag	e:
Schedules attached			
Schedule A-1 - Investments - schedule a	attached	Schedule C - Income, Loans, & Business	
Schedule A-2 - Investments - schedule a		Schedule D - Income - Gifts - schedule a	
Schedule B - Real Property – schedule a	attached —	Schedule E - Income - Gifts - Travel Payl	ments – schedule attached
-or- None - No reportable interests of	on any schedule		
5. Verification	m any concano		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Docume 88 Fair Drive	^{nt)} Costa N	Mesa CA	92626
DAYTHE TELEBRANE NUMBER		TEMAIL ADDRESS	92020
I have used all reasonable diligence in preparing therein and in any attached schedules is true and			wledge the information contained
I certify under penalty of perjury under the law			
Date Signed 2/24/25 (month, day, year)	Si	ignature TA Was a state	nent with your filing official.)

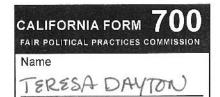


STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Received **COVER PAGE**

A PUBLIC DOCUMENT

RECEIVED FEB 1 0 2025

Please type or print in ink. NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Dayton	Teresa		V-11-1-1-1	
. Office, Agency, or Co	urt			
Agency Name (Do not use ac	74.02%			0.1
and the second s	ARTMENT OF FOOD	& AGRICULTURE		
Division, Board, Department, D	District, if applicable	Your Po	sition	
Fairs & Expositions /	32nd District Agricultur	ral Assoc. Depo	uty Manager I	
▶ If filing for multiple positions	s, list below or on an attachmen	t. (Do not use acronyms)	19	-
Agency:		Position	i	
. Jurisdiction of Office	(Check at least one box)	CARLES ON CONTRACTOR OF THE CO		
State			Retired Judge, Pro Tem Ju ide Jurisdiction)	dge, or Court Commissioner
Multi-County		County	of	
B. Type of Statement (C)				
December 31, 2	ered is January 1, 2024, through 024,	Leavi	ng Office: Date Left (Check one cir	
-or- The period cove December 31, 2	ored is/		e period covered is January aving office.	y 1, 2024, through the date of
Assuming Office: Date	assumed/	TI	ne period covered is e date of leaving office.	/, through
Candidate: Date of Elect	ion and	office sought, if different than	Part 1:	
. Schedule Summary (i	equired) > To:	tal number of pages inc	luding this cover pag	ge: 2
Schedules attached				
Schedule A-1 - Investr	ments - schedule attached	Schedule C -	Income, Loans, & Business	Positions - schedule attached
	nents - schedule attached	Schedule D -	Income - Gifts - schedule	attached
Schedule B - Real Pro	perty - schedule attached	Schedule E -	Income – Gifts – Travel Paj	yments - schedule attached
	able interests on any sch	edule		
Verification MAILING ADDRESS ST	DEFT	CITY	STATE	ZIP CODE
(Business or Agency Address Recomm	REET ended - Public Document)	City	SIAIL	ZIP CODE
88 Fair Drive		Costa Mesa	CA	92626
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
	ence in preparing this statement nedules is true and complete. I			owledge the information contains
155	jury under the laws of the Sta	57.0 W		
	T D			346
Date Signed 2/10	0 25	Signature		g official.)



► NAME OF SOURCE Lopez Works		ym)	► NAME OF SOURCE (Not an	Acronym)
ADDRESS (Busine 21195 Prairie		ofable) , Trabuco Canyon, CA	ADDRESS (Business Address	s Acceptable)
BUSINESS ACTIV	TTY, IF ANY, OF	SOURCE	BUSINESS ACTIVITY, IF AN	Y, OF SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
12,15,24	150 \$	Restaurant Gift Card		
	\$	-	\$	
	\$			
► NAME OF SOURC	CE (Not an Acron	ym)	▶ NAME OF SOURCE (Not an	Acronym)
ADDRESS (Busine	ess Address Acce	p(able)	ADDRESS (Business Address	s Acceptable)
BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE	BUSINESS ACTIVITY, IF AN	Y, OF SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
	\$			
	\$			-
	\$		/ s	
NAME OF SOURCE	CE (Not an Acron	ут)	▶ NAME OF SOURCE (Not an	Acronym)
ADDRESS (Busine	ss Address Acce	otable)	ADDRESS (Business Address	s Acceptable)
BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE	BUSINESS ACTIVITY, IF AN	Y, OF SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
	\$			
	\$	2) ()	\$	
	\$		 	
Comments:				1



A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

RECEIVED FEB 1 2 2025

Please type or print in ink.				1 % 202;	
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Moore	Terry	1		10	
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)		2 3 W			
CALIFORNIA DEPARTI	IENT OF FOOD & AG	RICULTURE		19	
Division, Board, Department, District, it	applicable	Your Position			
Fairs & Expositions / 32nd	District Agricultural Asso	oc. Staff Ser	vices Manage	r II	
► If filling for multiple positions, list be	low or on an attachment. (Do not	t use acronyms)			
Agency:		Position:			
2. Jurisdiction of Office (Check	at least one box)	E			
■ State		☐ Judge, Retire (Statewide Ju	2.5 Cont. 100 Cont.	dge, or Court Commissioner	
Multi-County		Gounty of			
City of		Other			
3. Type of Statement (Check at					
Annual: The period covered is J December 31, 2024.	- 27	Leaving Off	fice: Date Left (Check one circ		
The period covered is _ December 31, 2024.	, throug	gh ☐ The period leaving of the period of the		1, 2024, through the date of	
Assuming Office: Date assume	1		The period covered is/, through the date of leaving office.		
Candidate: Date of Election	and office sou	ight, if different than Part 1	:		
4. Schedule Summary (requir	ed) ► Total numi	ber of pages includir	ng this cover pag	re: 2	
Schedules attached					
Schedule A-1 - Investments -	schedule attached	Schedule C - Incom	e, Loans, & Business	Positions - schedule attached	
Schedule A-2 - Investments -	schedule attached	Schedule D - Incom	e – Gifts – schedule a	attached	
Schedule B - Real Property -	schedule attached	Schedule E - Incom	e – Gifts – Travel Pay	ments - schedule attached	
	nterests on any schedule				
5. Verification	- Almost	- (1 - 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	AT.177	TO CODE	
MAILING ADDRESS STREET (Business or Agency Address Recommended - F	CITY (ubilc Document)		STATE	ZIP CODE	
88 Fair Drive	Cos	ta Mesa	CA	92626	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
I have used all reasonable diligence in	preparing this statement. I have r	eviewed this statement and	I to the hest of my kno	wedge the information contains	
herein and in any attached schedules					
I certify under penalty of perjury un	der the laws of the State of Cali	ifornia that the			
Date Signed 2/10/2025		Signature		2-10-25	
(month, day,)	ear)	3		your filing official.)	

NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) PO BOX 10, LAVEEN, AZ 85339	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
7 19 24 250 RIDE PASS	
\$	\$
	\$
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
<u></u> \$	\$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
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 1 8 2025

Lanca de la constanta de la co	type or print	**************************************			
	DE FILER (LAST) LMAN	(FIRST) THAN	E	(MIDDLE)	
Su turki	900 No.	PRO PRO		VIII.	
-	(5 (6 	cy, or Court			
1200		o not use acronyms) IA DEPARTMENT OF FOC	D & AGRICU	LTURE	
Div	ision, Board, D	epartment, District, if applicable	AL UNINAMED - SA	Your Position	
F	airs & Expo	ositions / 32nd District Agricult	ural Assoc.	DEPUTY MAS	VAGERI
Þ	If filing for mult	iple positions, list below or on an attachme	ent. (Do not use acr		
Ąg	jency:			Position:	
2. Jı	urisdiction	of Office (Check at least one box)			····
	State			Judge, Retired Judge, Pro Tem Ju (Statewide Jurisdiction)	udge, or Court Commissioner
	Multi-County _			County of	
				Other	
3. Ty	pe of State	ement (Check at least one box)		,	
	Dec	period covered is January 1, 2024, throug tember 31, 2024.	jh	Leaving Office: Date Left(Check one ci	
		period covered is// ember 31, 2024.	, through	The period covered is Januar leaving office.	y 1, 2024, through the date of
	Assuming Of	ffice: Date assumed//			J, through
	Candidate: I	Date of Election ar	nd office sought, if dif	ferent than Part 1:	
4. Sc	chedule Su	mmary (required)	otal number of t	pages including this cover pages	ge: 1
	chedules a				-
	Schedule .	A-1 - Investments – schedule attached	Sch	nedule C - Income, Loans, & Business	Positions - schedule attached
	Schedule	A-2 - Investments - schedule attached	Sch	nedule D - Income - Gifts - schedule	attached
	Schedule	B - Real Property - schedule attached	Sch	nedule E - Income - Gifts - Travel Pa	yments - schedule attached
	7000 M				
altra Deposit		No reportable interests on any sci	hedule		
SEC STATE	rification				
	ILING ADDRESS siness or Agency A	STREET daress Recommended - Public Document)	CITY	STATE	ZIP CODE
	B Fair Drive		Costa Mesa		92626
DA	YTIME TELEPHONE	MIMBER	I FMA	I ADDRESS	
		sonable diligence in preparing this stateme attached schedules is true and complete.			owledge the information contain
		nalty of perjury under the laws of the S			
	te Signed	2 18 25 (month, day, year)	Signati	60/6549	