

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

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 11 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Putman Abigail

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

Event Operations Coordinator

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

Agency: _____ Position: _____

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

☒ State

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

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

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

☒ Annual: The period covered is January 1, 2023, through
December 31, 2023.

-or-

The period covered is ____/____/____, through
December 31, 2023.

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

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ Assuming Office: Date assumed ____/____/____

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

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

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

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

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

5. Verification

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

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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

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

Date Signed 02/20/2024

(month, day, year)

Signature

STATEMENT OF ECONOMIC INTERESTS
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Date Initial Filing Received
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RECEIVED FEB 21 2024

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

DEPUTY MANAGER 1

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

Agency: _____ Position: _____

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

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

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

- ☒ **Annual:** The period covered is January 1, 2023, through December 31, 2023.
- or- The period covered is ____/____/____, through December 31, 2023.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Leaving Office:** Date Left ____/____/____ (Check one circle.)
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- or- ☐ The period covered is ____/____/____, through the date of leaving office.
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- ☐ **Schedule A-1 - Investments** – schedule attached ☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached
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- ☐ **Schedule B - Real Property** – schedule attached ☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

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

5. Verification

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

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

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Date Signed 02-21-2024
(month, day, year)

Signature _____

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RECEIVED FEB 20 2024

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

Deputy Manager I

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

Agency: _____ Position: _____

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

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

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

5. Verification

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

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

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

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

Date Signed February 20, 2024

(month, day, year)

Signature

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A PUBLIC DOCUMENT

Date Initial Filing Received
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RECEIVED FEB 20 2024

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

Event Coordinator

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

Agency: _____ Position: _____

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

☒ State

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(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

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(Check one circle.)

-or-

The period covered is ____/____/____, through
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☐ **Schedule A-1 - Investments** - schedule attached

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

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

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

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

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

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

5. Verification

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

CITY

STATE

ZIP CODE

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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Date Signed 02/20/24

(month, day, year)

Signature

(official)

**STATEMENT OF ECONOMIC INTERESTS
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Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Marini Angel

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 Agriculture Association

Security Event Coordinator

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

Agency: Position:

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

☒ State

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

☐ Multi-County

☐ County of

☐ City of

☐ Other

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

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

-or-

The period covered is / / through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ Assuming Office: Date assumed / /

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

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

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☐ Schedule A-1 - Investments - schedule attached

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

☐ Schedule A-2 - Investments - schedule attached

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☐ Schedule B - Real Property - schedule attached

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

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

5. Verification

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

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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

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

Date Signed February 27, 2024

(month, day, year)

Signature

**STATEMENT OF ECONOMIC INTERESTS
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Date Initial Filing Received
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RECEIVED MAR 28 2024

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

Board of Directors

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

Agency: Position:

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

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

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

- ☒ Annual: The period covered is January 1, 2023, through December 31, 2023.
- or- The period covered is through December 31, 2023.
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- or- ☐ The period covered is through the date of leaving office.
- ☐ Assuming Office: Date assumed and office sought, if different than Part 1:
- ☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: **2**

Schedules attached

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

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

5. Verification

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

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 **3/22/2024**

(month, day, year)

Signature

(Filing official)

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name BARBARA BAGNERIS

▶ NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS		
ADDRESS (Business Address Acceptable) PO BOX 10, LAWEEN, AZ 85339		
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	\$ 500	RIDE PASS
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym) Celebration Festivals LLC		
ADDRESS (Business Address Acceptable) 48 Waterworks Way, Irvine, CA 92618		
BUSINESS ACTIVITY, IF ANY, OF SOURCE EVENT PROMOTER		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 23	\$ 400	Winter Fest Event Tick
/ /	\$	
/ /	\$	

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

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

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

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

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
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A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 16 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kulback Bianca [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

STAFF SERVICES MANAGER -

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

(SUPERVISORY) II

Agency: _____ Position: _____

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

☒ State

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

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

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

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-or-

The period covered is ____/____/____, through
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☐ Leaving Office: Date Left ____/____/____
(Check one circle.)

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of leaving office.

-or-

☐ The period covered is ____/____/____, through
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☐ Assuming Office: Date assumed ____/____/____

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

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☐ Schedule A-1 - Investments - schedule attached

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

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

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

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

5. Verification

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

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

I have read and prepared this statement and the schedules attached to it 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 I

Date Signed February 16, 2024
(month, day, year)

Signature

(Filing official.)

SCHEDULE D Income – Gifts

Name

Kulback, Bianca

► NAME OF SOURCE (Not an Acronym)

RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)

PO BOX 10, LAVEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	250	RIDE PASS
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments:

STATEMENT OF ECONOMIC INTERESTS
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RECEIVED FEB 23 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Singleton Carol

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 Agriculture Association

Deputy Manager II

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

Agency: Position:

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

☒ State

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

☐ Multi-County

☐ County of

☐ City of

☐ Other

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(Check one circle.)

-or-

The period covered is / / , through
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☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

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

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

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88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

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

Date Signed Feb. 22, 2024

(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Singleton

▶ NAME OF SOURCE (Not an Acronym)		
RAY CAMMACK SHOWS		
ADDRESS (Business Address Acceptable)		
PO BOX 10, LAVEEN, AZ 85339		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
MASTER CARNIVAL OPERATOR		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	\$ 250	RIDE PASS
/ /	\$	
/ /	\$	

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

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

Information Specialist I

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

Agency: _____ Position: _____

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

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☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

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

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

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

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

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

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

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

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

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

5. Verification

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

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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

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

Date Signed 3/20/24

(month, day, year)

Signature

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 20 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
GUNST CHRISTINE [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

Deputy Manager I

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

Agency: Position:

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

☒ State

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

☐ Multi-County

☐ County of

☐ City of

☐ Other

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

☒ Annual: The period covered is January 1, 2023, through
December 31, 2023.

-or-

The period covered is / / , through
December 31, 2023.

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

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

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

☐ Assuming Office: Date assumed / /

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

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

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

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

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

5. Verification

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

88 FAIR DRIVE

COSTA MESA

CA

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Date Signed 03/20/2024

(month, day, year)

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 28 2024

NAME OF FILER (LAST)

(FIRST)

(MIDDLE)

Johner

Claudia

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 Agriculture Association

Deputy Manager I

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

Agency:

Position:

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

☒ State

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

☐ Multi-County

☐ County of

☐ City of

☐ Other

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

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-or-

The period covered is / / , through
December 31, 2023.

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

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of leaving office.

-or-

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

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

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

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

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

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

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

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

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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

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

Date Signed 02/26/2024

(month, day, year)

Signature

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

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 05 2024

Please type or print in ink.

NAME OF FILER (LAST) DURAN (FIRST) COURTNEY (MIDDLE) [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

DEPUTY MANAGER I

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

Agency: _____ Position: _____

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

☒ State

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

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

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

☒ Annual: The period covered is January 1, 2023, through
December 31, 2023.

-or-

The period covered is ____/____/____, through
December 31, 2023.

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

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

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

☐ Assuming Office: Date assumed ____/____/____

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

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► Total number of pages including this cover page: 2

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☐ Schedule A-1 - Investments - schedule attached

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

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

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

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

5. Verification

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

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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

Date Signed

3/5/24
(month, day, year)

Signature

(Print Name)

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name COURNEY DURAN

▶ NAME OF SOURCE (Not an Acronym) Celebration Festivals LLC		
ADDRESS (Business Address Acceptable) 48 Waterworks Way, Irvine, CA 92618		
BUSINESS ACTIVITY, IF ANY, OF SOURCE EVENT PROMOTER		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 30 23	400	Winter Fest Event Tick
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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

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

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

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

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

Comments: _____

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

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 25 2024

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

DEPUTY MANAGER II

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

Agency: _____ Position: _____

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

☒ State

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

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

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

-or-

The period covered is ____/____/____, through
December 31, 2023.

| | The period covered is January 1, 2023, through the date
of leaving office.

-or-

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

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

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

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

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

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

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

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

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

5. Verification

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

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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

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

Date Signed

3/25/24
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name JAMES GAINES

▶ NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS ADDRESS (Business Address Acceptable) PO BOX 10, LAVEEN, AZ 85339 BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR <table><thead><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr></thead><tbody><tr><td>7 / 14 / 23</td><td>250</td><td>RIDE PASS</td></tr><tr><td> </td><td>\$</td><td> </td></tr><tr><td> </td><td>\$</td><td> </td></tr><tr><td> </td><td>\$</td><td> </td></tr></tbody></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	7 / 14 / 23	250	RIDE PASS		\$			\$			\$		▶ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table><thead><tr><th>DATE (mm/dd/yy)</th><th>VALUE</th><th>DESCRIPTION OF GIFT(S)</th></tr></thead><tbody><tr><td> </td><td>\$</td><td> </td></tr><tr><td> </td><td>\$</td><td> </td></tr><tr><td> </td><td>\$</td><td> </td></tr></tbody></table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		\$			\$			\$	
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	\$																											
	\$																											
	\$																											

Comments: _____

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

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

Board of Directors

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

Agency: _____ Position: _____

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

☒ State

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

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

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

-or-

The period covered is ____/____/____, through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

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

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 5

Schedules attached

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

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

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

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

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

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

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

5. Verification

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

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(714) 708-1514

DJackson@ocfairboard.com

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

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

Date Signed

3/27/2024
(month, day, year)

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	
Law Office of Dimetria A. Jackson	
Name	
55 Crabapple, Irvine, CA 92620	
Address (Business Address Acceptable)	
Check one	
☐ Trust, go to 2	☒ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	
legal services	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999	
☐ \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>23</u> <u> </u> / <u> </u> / <u>23</u>
☐ \$10,001 - \$100,000	ACQUIRED DISPOSED
☐ \$100,001 - \$1,000,000	
☐ Over \$1,000,000	
NATURE OF INVESTMENT	
☐ Partnership	☒ Sole Proprietorship ☐ Other
YOUR BUSINESS POSITION <u>principal</u>	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
☐ \$0 - \$499	☐ \$10,001 - \$100,000
☐ \$500 - \$1,000	☐ OVER \$100,000
☐ \$1,001 - \$10,000	

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)	
☐ None or ☐ Names listed below	

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	
Check one box:	
☐ INVESTMENT	☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000	
☐ \$10,001 - \$100,000	<u> </u> / <u> </u> / <u>23</u> <u> </u> / <u> </u> / <u>23</u>
☐ \$100,001 - \$1,000,000	ACQUIRED DISPOSED
☐ Over \$1,000,000	
NATURE OF INTEREST	
☐ Property Ownership/Deed of Trust	☐ Stock ☐ Partnership
☐ Leasehold	☐ Other
Yrs. remaining	
☐ Check box if additional schedules reporting investments or real property are attached	

1. BUSINESS ENTITY OR TRUST	
Independent Contractor (spouse)	
Name	
1 League, Ste 60733, Irvine, CA	
Address (Business Address Acceptable)	
Check one	
☐ Trust, go to 2	☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999	
☐ \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>23</u> <u> </u> / <u> </u> / <u>23</u>
☐ \$10,001 - \$100,000	ACQUIRED DISPOSED
☐ \$100,001 - \$1,000,000	
☐ Over \$1,000,000	
NATURE OF INVESTMENT	
☐ Partnership	☒ Sole Proprietorship ☐ Other
YOUR BUSINESS POSITION <u>self employed (spouse)</u>	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
☐ \$0 - \$499	☐ \$10,001 - \$100,000
☐ \$500 - \$1,000	☐ OVER \$100,000
☐ \$1,001 - \$10,000	

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)	
☐ None or ☐ Names listed below	

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	
Check one box:	
☐ INVESTMENT	☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000	
☐ \$10,001 - \$100,000	<u> </u> / <u> </u> / <u>23</u> <u> </u> / <u> </u> / <u>23</u>
☐ \$100,001 - \$1,000,000	ACQUIRED DISPOSED
☐ Over \$1,000,000	
NATURE OF INTEREST	
☐ Property Ownership/Deed of Trust	☐ Stock ☐ Partnership
☐ Leasehold	☐ Other
Yrs. remaining	
☐ Check box if additional schedules reporting investments or real property are attached	

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
DIMETRIA JACKSON

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

938-371-52

CITY

Irvine

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/23 ____/____/23
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ☐ Other
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

453-152-51

CITY

Irvine

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/23 ____/____/23
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ☐ Other
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments:

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name DIMETRIA JACKSON

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

eXp Realty of California

ADDRESS (Business Address Acceptable)

2603 Camino Ramon, Ste 200, San Ramon, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

real estate brokerage

YOUR BUSINESS POSITION

Broker Associate

GROSS INCOME RECEIVED

☐ \$500 - \$1,000

☐ \$10,001 - \$100,000

☐ No Income - Business Position Only

☒ \$1,001 - \$10,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☒ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$500 - \$1,000

☐ \$10,001 - \$100,000

☐ No Income - Business Position Only

☐ \$1,001 - \$10,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
DIMETRIA JACKSON

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

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

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

▶ NAME OF SOURCE (Not an Acronym)		
Celebration Festivals LLC		
ADDRESS (Business Address Acceptable)		
48 Waterworks Way, Irvine, CA 92618		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
EVENT PROMOTER		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 30 23	400	Winter Fest Event Ticket
/ /	\$	
/ /	\$	

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

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

Comments: _____

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

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 16 2024

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

Event Coordinator

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

Agency: Position:

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

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

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

- ☒ **Annual:** The period covered is January 1, 2023, through December 31, 2023.
-or- The period covered is / / , through December 31, 2023.
- ☐ **Assuming Office:** Date assumed / /
- ☐ **Candidate:** Date of Election and office sought, if different than Part 1:
- ☐ **Leaving Office:** Date Left / / (Check one circle.)
☐ The period covered is January 1, 2023, through the date of leaving office.
-or- ☐ The period covered is / / , through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

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

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

5. Verification

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

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
[REDACTED]

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

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

Date Signed 02/16/2024 Signature [REDACTED]
(month, day, year)

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

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 22 2024

Please type or print in ink.

NAME OF FILER (LAST) **LA BELLE** (FIRST) **DOUGLAS** (MIDDLE) [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions 88/32nd District Agriculture Association

Board of Directors

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

Agency: _____ Position: _____

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

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

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

- ☒ **Annual:** The period covered is January 1, 2023, through December 31, 2023.
- ☐ **Leaving Office:** Date Left ____/____/____ (Check one circle.)
- ☐ The period covered is January 1, 2023, through the date of leaving office.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Other:** 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: 15

Schedules attached

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

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

5. Verification

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

88 FAIR DRIVE COSTA MESA CA 92626

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(714) 708-1514 DLBelle@ccfairboard.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 3/22/24
(month, day, year)

Signature [REDACTED]

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

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS BELL

▶ NAME OF BUSINESS ENTITY

Restaurant Brands

GENERAL DESCRIPTION OF THIS BUSINESS

Restaurants

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Duke Energy

GENERAL DESCRIPTION OF THIS BUSINESS

Electric Utility

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Caterpillar Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Industrial Machinery

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Johnson & Johnson

GENERAL DESCRIPTION OF THIS BUSINESS

Household Products

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Skyworks Solutions Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Computer Chips

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Walt Disney Holdings

GENERAL DESCRIPTION OF THIS BUSINESS

Theme Parks/Entertainment

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS BELLE

NAME OF BUSINESS ENTITY
META (Facebook)

GENERAL DESCRIPTION OF THIS BUSINESS
Computer Services

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

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

IF APPLICABLE, LIST DATE:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Southwest Airlines

GENERAL DESCRIPTION OF THIS BUSINESS
Airline

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

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

IF APPLICABLE, LIST DATE:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Bank of America

GENERAL DESCRIPTION OF THIS BUSINESS
Bank

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

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

IF APPLICABLE, LIST DATE:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Jack In The Box

GENERAL DESCRIPTION OF THIS BUSINESS
Fast food restaurants

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

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

IF APPLICABLE, LIST DATE:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Wells Fargo

GENERAL DESCRIPTION OF THIS BUSINESS
Bank

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

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

IF APPLICABLE, LIST DATE:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Coca Cola Co.

GENERAL DESCRIPTION OF THIS BUSINESS
Soft Drink Manufacturer

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

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

IF APPLICABLE, LIST DATE:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

Comments:

Sold Meta - 20 shares 8-17-23, 10 shares 10/20/23

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

(Ownership Interest is Less Than 10%)

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

Name

DOUGLAS B. BELL▶ **NAME OF BUSINESS ENTITY**Costco Wholesale**GENERAL DESCRIPTION OF THIS BUSINESS**Retail/Wholesale**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:

 / / 23 / / 23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**General Dynamics**GENERAL DESCRIPTION OF THIS BUSINESS**Aerospace**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / / 23 / / 23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**General Dynamics**GENERAL DESCRIPTION OF THIS BUSINESS**Computer Tech.**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:

 / / 23 / / 23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**Bristol Meyers Squibb Co.**GENERAL DESCRIPTION OF THIS BUSINESS**Biotech**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / / 23 / / 23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**Lockheed Martin**GENERAL DESCRIPTION OF THIS BUSINESS**Aerospace**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / / 23 / / 23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**Home Depot**GENERAL DESCRIPTION OF THIS BUSINESS**Retail/Home Improvement**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / / 23 / / 23
ACQUIRED DISPOSED

Comments: _____

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

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS B. BELL

▶ NAME OF BUSINESS ENTITY

Chevron

GENERAL DESCRIPTION OF THIS BUSINESS

Petroleum Products

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / / 23 / / 23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Occidental Petroleum

GENERAL DESCRIPTION OF THIS BUSINESS

Petroleum Products

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / / 23 / / 23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Alaska Airlines

GENERAL DESCRIPTION OF THIS BUSINESS

Airline

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / / 23 / / 23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

American Airlines

GENERAL DESCRIPTION OF THIS BUSINESS

Airline

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / / 23 / / 23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

AT&T

GENERAL DESCRIPTION OF THIS BUSINESS

Communication Systems

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / / 23 / / 23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Tootsie Roll Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Candy Manufacturer

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / / 23 / / 23
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS BELL

NAME OF BUSINESS ENTITY

Amazon

GENERAL DESCRIPTION OF THIS BUSINESS

Computer Internet Sales

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

1/23 ACQUIRED 1/23 DISPOSED

NAME OF BUSINESS ENTITY

American Airlines

GENERAL DESCRIPTION OF THIS BUSINESS

Airline

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

1/23 ACQUIRED 1/23 DISPOSED

NAME OF BUSINESS ENTITY

Delta Airlines

GENERAL DESCRIPTION OF THIS BUSINESS

Airline

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

1/23 ACQUIRED 1/23 DISPOSED

NAME OF BUSINESS ENTITY

Penske Automotive

GENERAL DESCRIPTION OF THIS BUSINESS

Automobile Sales

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

1/23 ACQUIRED 1/23 DISPOSED

NAME OF BUSINESS ENTITY

Hyatt Hotels

GENERAL DESCRIPTION OF THIS BUSINESS

Hotels

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

1/23 ACQUIRED 1/23 DISPOSED

NAME OF BUSINESS ENTITY

General Mills

GENERAL DESCRIPTION OF THIS BUSINESS

Food Sales and Manufacturing

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

1/23 ACQUIRED 1/23 DISPOSED

Comments:

Purchase Amazon: 16/23 825 Shares, 2/123 125 shares, 2/15/23 50 shares

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

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS B. BELL

▶ NAME OF BUSINESS ENTITY

Visa

GENERAL DESCRIPTION OF THIS BUSINESS

Banking Services

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23
ACQUIRED

_____/_____/23
DISPOSED

▶ NAME OF BUSINESS ENTITY

Mondelez International Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Food Processing

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23
ACQUIRED

_____/_____/23
DISPOSED

▶ NAME OF BUSINESS ENTITY

Wendys

GENERAL DESCRIPTION OF THIS BUSINESS

Fast Food Restaurants

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23
ACQUIRED

_____/_____/23
DISPOSED

▶ NAME OF BUSINESS ENTITY

Google

GENERAL DESCRIPTION OF THIS BUSINESS

Information Social Media Platform

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

1/19/23
ACQUIRED

_____/_____/23
DISPOSED

▶ NAME OF BUSINESS ENTITY

General Motors Corp.

GENERAL DESCRIPTION OF THIS BUSINESS

Automobile Manufacturer

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23
ACQUIRED

_____/_____/23
DISPOSED

▶ NAME OF BUSINESS ENTITY

Lithia Motors

GENERAL DESCRIPTION OF THIS BUSINESS

Automobile Franchise

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23
ACQUIRED

_____/_____/23
DISPOSED

Comments:

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

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

DOUG LA BELLE▶ **NAME OF BUSINESS ENTITY**Amgen Inc.**GENERAL DESCRIPTION OF THIS BUSINESS**Healthcare/parma**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:

 / /23 / /23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**MacDonalds Restaurants**GENERAL DESCRIPTION OF THIS BUSINESS**Fast Food Restsurants**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:

 / /23 / /23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**Molson Coors**GENERAL DESCRIPTION OF THIS BUSINESS**Beverage Manufacturer**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / /23 / /23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**Eli Lilly Co.**GENERAL DESCRIPTION OF THIS BUSINESS**Pharmaceuticals**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / /23 / /23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**Union Pacific**GENERAL DESCRIPTION OF THIS BUSINESS**Transportation**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:

 / /23 / /23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**Pepsi Co.**GENERAL DESCRIPTION OF THIS BUSINESS**Beverage and Food zproducts**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:

 / /23 / /23
ACQUIRED DISPOSED

Comments: _____

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

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

DOUG LA BELLE

▶ NAME OF BUSINESS ENTITY

Apple Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Computer Systems

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23 ____/_____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Microsoft Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Computer Software

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23 ____/_____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Lennar Corp.

GENERAL DESCRIPTION OF THIS BUSINESS

Developer/Commercial and Residential Properties

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:

_____/_____/23 ____/_____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Gencora (Amersource Bergen)

GENERAL DESCRIPTION OF THIS BUSINESS

Pharma

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23 ____/_____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Cisco Systems

GENERAL DESCRIPTION OF THIS BUSINESS

Computer Systems

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23 ____/_____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

IBM

GENERAL DESCRIPTION OF THIS BUSINESS

Computer Systems

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23 ____/_____/23
ACQUIRED DISPOSED

Comments:

Purchased Apple: 2/11 & 2/16/23 50 shares each date

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

DOUG LA BELLE

▶ NAME OF BUSINESS ENTITY

Kenvue Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Retail Healthcare Products

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

5 / 5 /23 / /23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Nordisk

GENERAL DESCRIPTION OF THIS BUSINESS

Pharma

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

11 / 3 /23 / /23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Broadcom

GENERAL DESCRIPTION OF THIS BUSINESS

Conductor Devices

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

/ /23 / /23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

RTX Raytheon

GENERAL DESCRIPTION OF THIS BUSINESS

Air Defense Systems

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

11 / 3 /23 / /23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

/ /23 / /23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

/ /23 / /23
ACQUIRED DISPOSED

Comments: Purchased additional Nordisk: 11/13/23 50 shares

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name DOUG LA BELLE

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Lennar Corp.</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>Lennar Corp. Waterford District Drive, Miami Florida</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Residential Developer/Financial Services</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION _____	YOUR BUSINESS POSITION _____
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 _____ (Real property, car, boat, etc.)	☐ Sale of _____ (Real property, car, boat, etc.)
☐ Loan repayment	☐ Loan repayment
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more _____ (Describe)	☐ Commission or ☐ Rental Income, list each source of \$10,000 or more _____ (Describe)
☐ Other _____ (Describe)	☐ Other _____ (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

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

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
DOUG LA BELLE

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Cencora/Amersource Bergen

ADDRESS (Business Address Acceptable)

Conshohocken, 1 W 1st Ave., PA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Global Healthcare Co.

YOUR BUSINESS POSITION

Stock Holder

GROSS INCOME RECEIVED

☐ No Income - Business Position Only

☒ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary

☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of

(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or

☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other

(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary

☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of

(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or

☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other

(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

_____%

☐ None

SECURITY FOR LOAN

☐ None

☐ Personal residence

☐ Real Property

Street address

City

☐ Guarantor

☐ Other

(Describe)

Comments:

SCHEDULE D
Income – Gifts

Name
DOUG LA BELLE

► NAME OF SOURCE (Not an Acronym)

RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)

PO BOX 10, LAWEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	500	RIDE PASS
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Boys Republic

ADDRESS (Business Address Acceptable)

1907 Boys Republic Dr. Chino Hills CA 91709

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Group Home Operator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 23	80.95	Holiday Wreath
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

Celebration Festivals LLC

ADDRESS (Business Address Acceptable)

48 Waterworks Way, Irvine, CA 92618

BUSINESS ACTIVITY, IF ANY, OF SOURCE

EVENT PROMOTER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 23	400	Winter Fest Event Ticket
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

BVW LLC

ADDRESS (Business Address Acceptable)

17 Goddard Irvine CA 92618

BUSINESS ACTIVITY, IF ANY, OF SOURCE

CPA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 10 / 23	120.00	2 Veuve Clicquot
/ /	\$	
/ /	\$	Champagne
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 22 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
LA BELLE **DOUGLAS** [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions and 32nd District Agriculture Association

Board of Directors

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

Agency: _____ Position: _____

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

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

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

- ☒ **Annual:** The period covered is January 1, 2023, through December 31, 2023.
- ☐ **Leaving Office:** Date Left ____/____/____ (Check one circle.)
- ☐ The period covered is January 1, 2023, 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 of pages including this cover page: 15

Schedules attached

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

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

5. Verification

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

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(714) 708-1514 DLBelle@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 3/22/24
(month, day, year)

Signature

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

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Douglas A. Belle▶ **NAME OF BUSINESS ENTITY**Restaurant Brands**GENERAL DESCRIPTION OF THIS BUSINESS**Restaurants**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

____/____/23 ____/____/23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**Duke Energy**GENERAL DESCRIPTION OF THIS BUSINESS**Electric Utility**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

____/____/23 ____/____/23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**Caterpillar Inc.**GENERAL DESCRIPTION OF THIS BUSINESS**Industrial Machinery**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

____/____/23 ____/____/23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**Johnson & Johnson**GENERAL DESCRIPTION OF THIS BUSINESS**Household Products**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

____/____/23 ____/____/23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**Skyworks Solutions Inc.**GENERAL DESCRIPTION OF THIS BUSINESS**Computer Chips**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

____/____/23 ____/____/23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**Walt Disney Holdings**GENERAL DESCRIPTION OF THIS BUSINESS**Theme Parks/Entertainment**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

____/____/23 ____/____/23
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS B. BELL

► NAME OF BUSINESS ENTITY
META (Facebook)

GENERAL DESCRIPTION OF THIS BUSINESS
Computer Services

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

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

IF APPLICABLE, LIST DATE:
 / / 23 / / 23
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Southwest Airlines

GENERAL DESCRIPTION OF THIS BUSINESS
Airline

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

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

IF APPLICABLE, LIST DATE:
 / / 23 / / 23
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Bank of America

GENERAL DESCRIPTION OF THIS BUSINESS
Bank

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

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

IF APPLICABLE, LIST DATE:
 / / 23 / / 23
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Jack In The Box

GENERAL DESCRIPTION OF THIS BUSINESS
Fast food restaurants

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

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

IF APPLICABLE, LIST DATE:
 / / 23 / / 23
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Wells Fargo

GENERAL DESCRIPTION OF THIS BUSINESS
Bank

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

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

IF APPLICABLE, LIST DATE:
 / / 23 / / 23
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Coca Cola Co.

GENERAL DESCRIPTION OF THIS BUSINESS
Soft Drink Manufacturer

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

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

IF APPLICABLE, LIST DATE:
 / / 23 / / 23
 ACQUIRED DISPOSED

Comments:

Sold Meta - 20 shares 8-17-23, 10 shares 10/20/23

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

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Douglas A. Belle▶ **NAME OF BUSINESS ENTITY**Costco Wholesale**GENERAL DESCRIPTION OF THIS BUSINESS**Retail/Wholesale**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:

 / / 23 / / 23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**General Dynamics**GENERAL DESCRIPTION OF THIS BUSINESS**Aerospace**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / / 23 / / 23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**Apple Inc.**GENERAL DESCRIPTION OF THIS BUSINESS**Computer Tech.**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:

 / / 23 / / 23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**Bristol Meyers Squibb Co.**GENERAL DESCRIPTION OF THIS BUSINESS**Biotech**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / / 23 / / 23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**Lockheed Martin**GENERAL DESCRIPTION OF THIS BUSINESS**Aerospace**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / / 23 / / 23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**Home Depot**GENERAL DESCRIPTION OF THIS BUSINESS**Retail/Home Improvement**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / / 23 / / 23
ACQUIRED DISPOSED

Comments: _____

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

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS ABLE▶ **NAME OF BUSINESS ENTITY**Chevron**GENERAL DESCRIPTION OF THIS BUSINESS**Petroleum Products**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / / 23 / / 23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**Occidental Petroleum**GENERAL DESCRIPTION OF THIS BUSINESS**Petroleum Products**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / / 23 / / 23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**Alaska Airlines**GENERAL DESCRIPTION OF THIS BUSINESS**Airline**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / / 23 / / 23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**American Airlines**GENERAL DESCRIPTION OF THIS BUSINESS**Airline**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / / 23 / / 23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**AT&T**GENERAL DESCRIPTION OF THIS BUSINESS**Communication Systems**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / / 23 / / 23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**Tootsie Roll Inc.**GENERAL DESCRIPTION OF THIS BUSINESS**Candy Manufacturer**FAIR MARKET VALUE**

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

 / / 23 / / 23
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS B. BELL

NAME OF BUSINESS ENTITY

Amazon

GENERAL DESCRIPTION OF THIS BUSINESS

Computer Internet Sales

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23 ACQUIRED _____/_____/23 DISPOSED

NAME OF BUSINESS ENTITY

American Airlines

GENERAL DESCRIPTION OF THIS BUSINESS

Airline

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23 ACQUIRED _____/_____/23 DISPOSED

NAME OF BUSINESS ENTITY

Delta Airlines

GENERAL DESCRIPTION OF THIS BUSINESS

Airline

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23 ACQUIRED _____/_____/23 DISPOSED

NAME OF BUSINESS ENTITY

Penske Automotive

GENERAL DESCRIPTION OF THIS BUSINESS

Automobile Sales

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23 ACQUIRED _____/_____/23 DISPOSED

NAME OF BUSINESS ENTITY

Hyatt Hotels

GENERAL DESCRIPTION OF THIS BUSINESS

Hotels

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23 ACQUIRED _____/_____/23 DISPOSED

NAME OF BUSINESS ENTITY

General Mills

GENERAL DESCRIPTION OF THIS BUSINESS

Food Sales and Manufacturing

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23 ACQUIRED _____/_____/23 DISPOSED

Comments:

Purchase Amazon: 16/23 825 Shares, 2/123 125 shares, 2/15/23 50 shares

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

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Douglas B. Belle▶ **NAME OF BUSINESS ENTITY**

Visa

GENERAL DESCRIPTION OF THIS BUSINESS

Banking Services

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

____/____/23 ____/____/23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

Mondelez International Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Food Processing

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

____/____/23 ____/____/23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

Wendys

GENERAL DESCRIPTION OF THIS BUSINESS

Fast Food Restaurants

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

____/____/23 ____/____/23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

Google

GENERAL DESCRIPTION OF THIS BUSINESS

Information Social Media Platform

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

1/19/23 ____/____/23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

General Motors Corp.

GENERAL DESCRIPTION OF THIS BUSINESS

Automobile Manufacturer

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

____/____/23 ____/____/23
ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**

Lithia Motors

GENERAL DESCRIPTION OF THIS BUSINESS

Automobile Franchise

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

____/____/23 ____/____/23
ACQUIRED DISPOSED

Comments: _____

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

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

DOUG LA BELLE

▶ NAME OF BUSINESS ENTITY

Amgen Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Healthcare/parma

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:

_____/_____/23 ____/_____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

MacDonalds Restaurants

GENERAL DESCRIPTION OF THIS BUSINESS

Fast Food Restsurants

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:

_____/_____/23 ____/_____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Molsen Coors

GENERAL DESCRIPTION OF THIS BUSINESS

Beverage Manufacturer

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23 ____/_____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Eli Lilly Co.

GENERAL DESCRIPTION OF THIS BUSINESS

Pharmaceuticals

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23 ____/_____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Union Pacific

GENERAL DESCRIPTION OF THIS BUSINESS

Transportation

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:

_____/_____/23 ____/_____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Pepsi Co.

GENERAL DESCRIPTION OF THIS BUSINESS

Beverage and Food zproducts

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:

_____/_____/23 ____/_____/23
ACQUIRED DISPOSED

Comments:

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

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

DOUG LA BELLE

▶ NAME OF BUSINESS ENTITY

Apple Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Computer Systems

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23 _____/_____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Microsoft Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Computer Software

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23 _____/_____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Lennar Corp.

GENERAL DESCRIPTION OF THIS BUSINESS

Developer/Commercial and Residential Properties

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:

_____/_____/23 _____/_____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Gencora (Amersource Bergen)

GENERAL DESCRIPTION OF THIS BUSINESS

Pharma

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23 _____/_____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Cisco Systems

GENERAL DESCRIPTION OF THIS BUSINESS

Computer Systems

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23 _____/_____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

IBM

GENERAL DESCRIPTION OF THIS BUSINESS

Computer Systems

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

_____/_____/23 _____/_____/23
ACQUIRED DISPOSED

Comments:

Purchased Apple: 2/11 & 2/16/23 50 shares each date

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

DOUG LA BELLE

▶ NAME OF BUSINESS ENTITY

Kenvue Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Retail Healthcare Products

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

5. / 5 /23 / /23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Nordisk

GENERAL DESCRIPTION OF THIS BUSINESS

Pharma

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

11 / 3 /23 / /23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Broadcom

GENERAL DESCRIPTION OF THIS BUSINESS

Conductor Devices

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

/ /23 / /23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

RTX Raytheon

GENERAL DESCRIPTION OF THIS BUSINESS

Air Defense Systems

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

11 / 3 /23 / /23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

/ /23 / /23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

/ /23 / /23
ACQUIRED DISPOSED

Comments:

Purchased additional Nordisk: 11/13/23 50 shares

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

DOUG LA BELLE

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Lennar Corp.

ADDRESS (Business Address Acceptable)

Lennar Corp. Waterford District Drive, Miami Florida

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Residential Developer/Financial Services

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☒ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

DOUG LA BELLE

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Cencora/Amersource Bergen

ADDRESS (Business Address Acceptable)

Conshohocken, 1 W 1st Ave., PA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Global Healthcare Co.

YOUR BUSINESS POSITION

Stock Holder

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☒ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income – Gifts

Name
DOUG LA BELLE

► NAME OF SOURCE (Not an Acronym)
RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)
PO BOX 10, LAVEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	500	RIDE PASS
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)
Celebration Festivals LLC

ADDRESS (Business Address Acceptable)
48 Waterworks Way, Irvine, CA 92618

BUSINESS ACTIVITY, IF ANY, OF SOURCE
EVENT PROMOTER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 23	400	Winter Fest Event Ticket
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)
Boys Republic

ADDRESS (Business Address Acceptable)
1907 Boys Republic Dr. Chino Hills CA 91709

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Group Home Operator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 23	80.95	Holiday Wreath
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)
BVW LLC

ADDRESS (Business Address Acceptable)
17 Goddard Irvine CA 92618

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CPA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 10 / 23	120.00	2 Veuve Clicquot Champagne
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 14 2024

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

Deputy Manager I

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

Agency: Position:

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

☒ State

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

☐ Multi-County

☐ County of

☐ City of

☐ Other

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

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

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

-or-

The period covered is / / through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

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

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

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

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

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

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

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

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

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

5. Verification

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

88 FAIR DRIVE COSTA MESA CA 92626

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

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

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

Date Signed March 13, 2024
(month, day, year)

Signature

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

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 28 2024

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

EVENT COORDINATOR

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

► 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, 2023, through
December 31, 2023.

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

-or-

The period covered is ____/____/_____, through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ Assuming Office: Date assumed ____/____/_____,

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

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

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

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

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

5. Verification

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

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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

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

Date Signed 02-22-2024
(month, day, year)

Signature

(Filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 11 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
NUNEZ EVELYN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

INFORMATION OFFICER 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, 2023, through
December 31, 2023.

-or-

The period covered is / / , through
December 31, 2023.

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

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

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

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

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

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

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

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

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

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

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

5. Verification

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

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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

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

Date Signed 03-11-2024

(month, day, year)

Signature

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Young	Ev	Edelo

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 Agriculture Association

Deputy Manager II

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

Agency: _____ Position: _____

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

☒ State

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

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

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

-or-

The period covered is ____/____/____, through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

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

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

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

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

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

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

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

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

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

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
-----------------	--------	------	-------	----------

(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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

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

Date Signed

2/16/24
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Evy Edelo Young

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
RAY CAMMACK SHOWS		
ADDRESS <i>(Business Address Acceptable)</i>		
PO BOX 10, LAWEEN, AZ 85339		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
MASTER CARNIVAL OPERATOR		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	\$ 250	RIDE PASS
/ /	\$	
/ /	\$	

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

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

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

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

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

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
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Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
LEARY FRANCES [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

EVENT COORDINATOR

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

Agency: Position:

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

☒ State

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

☐ Multi-County

☐ County of

☐ City of

☐ Other

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

☒ Annual: The period covered is January 1, 2023, through
December 31, 2023.

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

-or-

The period covered is / / through
December 31, 2023.

The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ Assuming Office: Date assumed / /

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

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☐ Schedule A-1 - Investments - schedule attached

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

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

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

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

5. Verification

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

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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

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

Date Signed

2/20/24
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name FRANCES LEARY

▶ NAME OF SOURCE <i>(Not an Acronym)</i> LOPEZ WORKS, INC.		
ADDRESS <i>(Business Address Acceptable)</i> 21195 Prairie View Ln., Trabuco Canyon, CA 92679		
BUSINESS ACTIVITY, IF ANY, OF SOURCE Waste collection / parking lot sweeping		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 23	\$ 100	GIFT CARD
/ /	\$	
/ /	\$	

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

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

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

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

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

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
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Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Sandler Howard

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 Agriculture Association

Events Director (Chief, Exposition Events)

► 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, 2023, through
December 31, 2023.

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

-or-

The period covered is / /, through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

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

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

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

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

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

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

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

5. Verification

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

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

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

Date Signed 03/06/2024

(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Howard Sandler

▶ NAME OF SOURCE (Not an Acronym)		
RAY CAMMACK SHOWS		
ADDRESS (Business Address Acceptable)		
PO BOX 10, LAWEEN, AZ 85339		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
MASTER CARNIVAL OPERATOR		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	250	RIDE PASS
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
Celebration Festivals LLC		
ADDRESS (Business Address Acceptable)		
48 Waterworks Way, Irvine, CA 92618		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Event Promoter		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 23	400	Winter Fest Tickets
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
Chuckwagon Concessions		
ADDRESS (Business Address Acceptable)		
5019 Solitude Court, Alta Loma, CA 91737		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Independent Food & Beverage Concessionaire		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 19 / 23	240	Chocolates (for Dept)
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
Lopez Works Inc		
ADDRESS (Business Address Acceptable)		
21195 Prairie View Ln, Trabuco Canyon, CA 92679		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Facility Cleaning Services		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 19 / 23	100	Restaurant Gift Card
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
Proximo Spirits		
ADDRESS (Business Address Acceptable)		
3 Second Street, Jersey City, NJ 07302		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Spirits Brand Owner/Distributor		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 23 / 23	414	Football Game Tickets
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
OVG Hospitality		
ADDRESS (Business Address Acceptable)		
88 Fair Drive, Costa Mesa, CA 92626		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Master Food & Beverage Concessionaire		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 31 / 23	200	Business Meals (2023)
/ /	\$	
/ /	\$	

Comments: All above outlined items associated with/provided for business development purposes (client meetings, operational planning, staff recognition).

STATEMENT OF ECONOMIC INTERESTS
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Sanchez Jannet [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

Facility Marketing Representative

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

Agency: _____ Position: _____

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

☒ State

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

☐ Multi-County _____

County of _____

☐ City of _____

Other _____

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

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

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

-or-

The period covered is ____/____/____, through
December 31, 2023.

The period covered is January 1, 2023, through the date
of leaving office.

-or-

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

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

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

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

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

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

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

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

5. Verification

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

PHONE TELEPHONE NUMBER

EMAIL ADDRESS

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

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

Date Signed 3/11/2024

(month, day, year)

Signature

(your filing official.)

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Jannet Sanchez</u>
--

▶ NAME OF SOURCE (Not an Acronym)		
<u>Zamba Juice</u>		
ADDRESS (Business Address Acceptable)		
<u>525 N. Bush St. Anaheim CA 92805</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
<u>Farmers Market Vendor</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01-12 / 2023</u>	<u>\$ 80</u>	<u>Food</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

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

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

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

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

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

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Sanchez Jannet [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

Facility Marketing Representative

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

Agency: _____ Position: _____

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

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

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

- ☒ **Annual:** The period covered is January 1, 2023, through December 31, 2023.
- ☐ **Leaving Office:** Date Left ____/____/____ (Check one circle.)
- ☐ **Multi-County:** The period covered is ____/____/____, through ____/____/____.
- ☐ **Assuming Office:** Date assumed ____/____/____.
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

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- ☐ Schedule B - Real Property - schedule attached
- ☒ Schedule C - Income, Loans, & Business Positions - schedule attached
- ☒ Schedule D - Income - Gifts - schedule attached
- ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

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

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

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

Date Signed 3/11/2024

(month, day, year)

Signature

(your filing official)

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Jannet Sanchez

► NAME OF SOURCE (Not an Acronym)

Zamba Juice

ADDRESS (Business Address Acceptable)

525 N. Bush St. Anaheim CA 92805

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Farmers Market Vendor

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

01-12 / 2003 \$ 80 Food

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

Comments: _____

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

RECEIVED MAR 25 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
JACOBSEN JASON

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 Agriculture Association

Your Position

DEPUTY MANAGER II

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

Agency: _____ Position: _____

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

☒ State

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

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023

-or-

The period covered is _____, through
December 31, 2023

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

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

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

☐ **Assuming Office:** Date assumed _____

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

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► Total number of pages including this cover page: **2**

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

5. Verification

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

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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

Date Signed **3/25/2024**
(month, day, year)

Signature

Official Use Only

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name JASON JACOBSEN

▶ NAME OF SOURCE <i>(Not an Acronym)</i> RAY CAMMACK SHOWS		
ADDRESS <i>(Business Address Acceptable)</i> 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 / 14 / 23	250	RIDE PASS
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

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

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

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

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

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

Comments: _____

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

Date Initial Filing Received
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RECEIVED MAR 25 2024

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

(MIDDLE)

JACOBSEN

JASON

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

DEPUTY MANAGER II

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

Agency:

Position:

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

☒ State

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

☐ Multi-County

☐ County of

☐ City of

☐ Other

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

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

-or-

The period covered is / / , through
December 31, 2023.

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

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

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

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

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

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

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

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

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

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

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

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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

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

Date Signed

3/25/2024
(month, day, year)

Signature

(Filing Official)

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name JASON JACOBSEN

► NAME OF SOURCE (Not an Acronym)
RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)
PO BOX 10, LAWEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	250	RIDE PASS
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

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

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 16 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Willson Jeffrey [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

Deputy Manager I

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

Agency: _____ Position: _____

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

☒ State

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

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

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

-or-

The period covered is ____/____/____, through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

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

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

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

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

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

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

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

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

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

5. Verification

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

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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

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

Date Signed 02/16/24

(month, day, year)

Signature

your filing official

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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Date Initial Filing Received
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RECEIVED FEB 20 2024

NAME OF FILER (LAST) (FIRST) (MIDDLE)
ELDRIDGE JERRY [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

CHIEF, PLANT OPERATIONS III

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

Agency: Position:

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

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

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

- ☒ **Annual:** The period covered is January 1, 2023, through December 31, 2023.
- ☐ **Leaving Office:** Date Left / / (Check one circle.)
- ☐ **Assuming Office:** Date assumed / /
- ☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

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

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

5. Verification

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

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
[REDACTED]

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

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

Date Signed 2/20/24 Signature
(month, day, year)

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name JERRY ELDRIDGE

▶ NAME OF SOURCE (Not an Acronym)		
RAY CAMMACK SHOWS		
ADDRESS (Business Address Acceptable)		
PO BOX 10, LAVERN, AZ 85339		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
MASTER CARNIVAL OPERATOR		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	\$ 250	RIDE PASS
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
Oak View Group		
ADDRESS (Business Address Acceptable)		
88 Fair Drive, Costa Mesa, CA 92626		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Master Concessionaire		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
jan / dec / 23	\$ 150	Food
/ /	\$	
/ /	\$	

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

▶ NAME OF SOURCE (Not an Acronym)		
LOPEZ WORKS, INC.		
ADDRESS (Business Address Acceptable)		
21195 Prairie View Ln., Trabuco Canyon, CA 92679		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Waste collection / parking lot sweeping		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 23	\$ 100	gift card
/ /	\$	
/ /	\$	

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

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

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
ELDRIDGE JERRY [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

CHIEF, PLANT OPERATIONS III

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

Agency: Position:

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

☒ State

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

☐ Multi-County

☐ County of

☐ City of

☐ Other

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

☒ Annual: The period covered is January 1, 2023, through
December 31, 2023.

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

-or-

The period covered is / / through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ Assuming Office: Date assumed / /

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

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

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

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

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

5. Verification

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

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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

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

Date Signed 2/20/24
(month, day, year)

Signature

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

JERRY ELDRIDGE

SCHEDULE D

Income – Gifts

▶ NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS ADDRESS (Business Address Acceptable) PO BOX 10, LAWEEN, AZ 85339 BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 7 / 14 / 23 \$ 250 RIDE PASS / / \$ / / \$	▶ NAME OF SOURCE (Not an Acronym) LOPEZ WORKS, INC. ADDRESS (Business Address Acceptable) 21195 Prairie View Ln., Trabuco Canyon, CA 92679 BUSINESS ACTIVITY, IF ANY, OF SOURCE Waste collection / parking lot sweeping DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 12 / 15 / 23 \$ 100 gift card / / \$ / / \$
▶ NAME OF SOURCE (Not an Acronym) Oak View Group ADDRESS (Business Address Acceptable) 88 Fair Drive, Costa Mesa, CA 92626 BUSINESS ACTIVITY, IF ANY, OF SOURCE Master Concessionnaire DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) jan- dec / 23 \$ 150 Food / / \$ / / \$	▶ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) / / \$ / / \$ / / \$
▶ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) / / \$ / / \$ / / \$	▶ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) / / \$ / / \$ / / \$

Comments:

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lara Jesus [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

Staff Services Manager I

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

Agency: _____ Position: _____

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

☒ State

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

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

-or-

The period covered is ____/____/____, through
December 31, 2023.

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

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

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

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

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

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

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

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

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

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

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

5. Verification

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

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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

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

Date Signed 02/20/2024

(month, day, year)

Signature

(Statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
HAMILL **JOAN**

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 Agriculture Association

Your Position

CAREER EXECUTIVE ASSIGNMENT

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

Agency: _____ Position: _____

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

☒ State

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

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

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

-or-

The period covered is ____/____/____, through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

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

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: **2**

Schedules attached

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

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

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

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

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

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

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

5. Verification

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

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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

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

Date Signed **2/16/2024**
(month, day, year)

Signature _____

SCHEDULE D Income – Gifts

Name
JOAN HAMILL

► NAME OF SOURCE (Not an Acronym)

RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)

PO BOX 10, LAWEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	250	RIDE PASS
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

Celebration Festivals LLC

ADDRESS (Business Address Acceptable)

48 Waterworks Way, Irvine, CA 92618

BUSINESS ACTIVITY, IF ANY, OF SOURCE

EVENT PROMOTER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 23	400	Winter Fest Event Tick
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments:

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

RECEIVED APR 08 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
UMALI **JOEY**

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 Agriculture Association

Your Position

EVENT COORDINATOR

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

Agency: Position:

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

☒ State

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

☐ Multi-County

☐ County of

☐ City of

☐ Other

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

☒ Annual: The period covered is January 1, 2023, through
December 31, 2023.

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

-or- The period covered is **12** / **01** / **2023**, through
December 31, 2023.

The period covered is January 1, 2023, through the date
of leaving office.

☒ Assuming Office: Date assumed **12** / **01** / **2023**

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

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

4. Schedule Summary (required)

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

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

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

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

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

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

5. Verification

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

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

(714) 708-1500

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

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

Date Signed

4/9/24
(month, day, year)

Sign

(Filing official)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official (Fee Only)

RECEIVED FEB 16 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Svensson Johanna Christina

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 Agriculture Association

Your Position

Deputy Manager I

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

Agency: Position:

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

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

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

- ☒ Annual: The period covered is January 1, 2023, through December 31, 2023.
- or-
- The period covered is / / , through December 31, 2023.
- ☐ Leaving Office: Date Left / / (Check one circle.)
- ☐ The period covered is January 1, 2023, through the date of leaving office.
- or-
- ☐ Assuming Office: Date assumed / /
- ☐ The period covered is / / , through the date of leaving office.
- ☐ Candidate: Date of Election and office sought, if different than Part 1:

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- ☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

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

5. Verification

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

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

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

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

Date Signed 2/16/2024

(month, day, year)

Signature

(ment with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 20 2024

Please type or print in ink.

NAME OF FILER (LAST) GONZALEZ (FIRST) JOHN (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

DEPUTY MANAGER I

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

Agency: _____ Position: _____

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

☒ State

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

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

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

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December 31, 2023.

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

-or-

The period covered is ____/____/____, through
December 31, 2023.

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of leaving office.

-or-

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

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the date of leaving office.

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

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

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

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

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

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

5. Verification

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

88 FAIR DRIVE COSTA MESA CA 92626

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

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

Date Signed 2/20/2024
(month, day, year)

Signature

(Filing Official)

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name JOHN GONZALEZ

▶ NAME OF SOURCE <i>(Not an Acronym)</i> LOPEZ WORKS, INC.		
ADDRESS <i>(Business Address Acceptable)</i> 21195 Prairie View Ln., Trabuco Canyon, CA 92679		
BUSINESS ACTIVITY, IF ANY, OF SOURCE Waste collection / parking lot sweeping		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 23	\$ 100	GIFT CARD
/ /	\$	
/ /	\$	

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

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

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

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

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

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 28 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Oh Justin

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

Event Coordinator

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

Agency: Position:

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

☒ State

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

☐ Multi-County

☐ County of

☐ City of

☐ Other

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

☒ **Annual:** The period covered is January 1, 2023, through
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-or-

The period covered is / / , through
December 31, 2023.

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(Check one circle.)

The period covered is January 1, 2023, through the date
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-or-

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

☐ The period covered is / / , through
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☐ Schedule B - Real Property - schedule attached

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

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

5. Verification

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

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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

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

Date Signed 2/24/2024
(month, day, year)

Signature

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 20 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
HOLBROOK **KEITH** **[REDACTED]**

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

CHIEF, PLANT OPERATIONS I

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

Agency: _____ Position: _____

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

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
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☐ Multi-County _____

☐ County of _____

☐ City of _____

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88 FAIR DRIVE

COSTA MESA

CA

92626

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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 that the information furnished on this statement is true and complete. I understand that this statement is a public document.

Date

Signature

2/20/24

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
VU KELLY

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

DEPUTY MANAGER I

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

Agency: Position:

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

☒ State

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

☐ Multi-County

☐ County of

☐ City of

☐ Other

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

-or-

The period covered is / / through
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The period covered is January 1, 2023, through the date
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-or-

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☐ The period covered is / / through
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☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

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

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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 f

Date Signed 3/19/2024

(month, day, year)

Signature

(Official)

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

Date Initial Filing Received
Filing Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST) KARNS (FIRST) KEN (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

CAREER EXECUTIVE ASSIGNMENT

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

Agency: _____ Position: _____

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

☒ State

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

☐ Multi-County _____

County of _____

☐ City of _____

Other: _____

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

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

-or-

The period covered is ____/____/____, through
December 31, 2023.

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

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of leaving office.

-or-

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

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

4. Schedule Summary (required)

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

5. Verification

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

88 FAIR DRIVE COSTA MESA CA 92626

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

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

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

Date Signed 2/20/2024
(month, day, year)

Signature _____
(Filing official.)

SCHEDULE D

Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)

RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)

PO BOX 10, LAVEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	250	RIDE PASS
01 / 16 / 23	75	DINNER
11 / 27 / 23	75	DINNER

▶ NAME OF SOURCE (Not an Acronym)

OAK VIEW GROUP

ADDRESS (Business Address Acceptable)

88 FAIR DRIVE, COSTA MESA, CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CONCESSIONNAIRE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 17 / 23	75	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)

Celebration Festivals LLC

ADDRESS (Business Address Acceptable)

48 Waterworks Way, Irvine, CA 92618

BUSINESS ACTIVITY, IF ANY, OF SOURCE

EVENT PROMOTER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 23	400	Winter Fest Event Tick
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments:

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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Filing Official Use Only

RECEIVED FEB 20 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
KARNS KEN

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 Agriculture Association

Your Position

CAREER EXECUTIVE ASSIGNMENT

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

Agency: Position:

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

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

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

- ☒ Annual: The period covered is January 1, 2023, through December 31, 2023.
- or- The period covered is through December 31, 2023.
- ☐ Assuming Office: Date assumed and office sought, if different than Part 1:
- ☐ Leaving Office: Date Left (Check one circle.)
- ☐ The period covered is January 1, 2023, through the date of leaving office.
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4. Schedule Summary (required)

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

5. Verification

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

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

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

Date Signed 2/20/2024
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

Name
KEN KARNs

► NAME OF SOURCE (Not an Acronym)

RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)

PO BOX 10, LAWEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	250	RIDE PASS
01 / 16 / 23	75	DINNER
11 / 27 / 23	75	DINNER

► NAME OF SOURCE (Not an Acronym)

OAK VIEW GROUP

ADDRESS (Business Address Acceptable)

88 FAIR DRIVE, COSTA MESA, CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CONCESSIONNAIRE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 17 / 23	75	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)

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ADDRESS (Business Address Acceptable)

48 Waterworks Way, Irvine, CA 92618

BUSINESS ACTIVITY, IF ANY, OF SOURCE

EVENT PROMOTER

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

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments:

STATEMENT OF ECONOMIC INTERESTS
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A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 16 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Merati Kimber

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

Event Coordinator

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

Agency: Position:

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

☒ State

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

☐ Multi-County

☐ County of

☐ City of

☐ Other

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The period covered is / / , through
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☐ **Assuming Office:** Date assumed / /

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

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

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

5. Verification

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

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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

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

Date Signed February 16, 2024

(month, day, year)

Signature

(official)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 26 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
SABUNJIAN KRYSTAL

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 Agriculture Association

EVENT COORDINATOR

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

Agency: Position:

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

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

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

- ☒ Annual: The period covered is January 1, 2023, through December 31, 2023.
- or- The period covered is / / , through December 31, 2023.
- ☐ Leaving Office: Date Left / / (Check one circle.)
- ☐ The period covered is January 1, 2023, through the date of leaving office.
- or-
- ☐ Assuming Office: Date assumed / /
- ☐ The period covered is / / , through the date of leaving office.
- ☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

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

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

5. Verification

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

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

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

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

Date Signed 3/26/24
(month, day, year)

Signature
(Signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 16 2024

Please type or print in ink.

NAME OF FILER (LAST) Cardona (FIRST) Laura (MIDDLE) 

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

Contracts + Purchasing Specialist

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

Agency: _____ Position: _____

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

☒ State

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

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

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

☒ Annual: The period covered is January 1, 2023, through
December 31, 2023.

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

-or-

The period covered is ____/____/____ through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ Assuming Office: Date assumed ____/____/____

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

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

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

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

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

5. Verification

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

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER HOME ADDRESS


I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained
herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing

Date Signed 2/16/2024
(month, day, year)

Signature  (File to _____ filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 23 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Keasberry Linda

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 Agriculture Association

Supervisor/Deputy Manager 1

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2023, through
December 31, 2023.

☐ Leaving Office: Date Left / /
(Check one circle.)

-or-

The period covered is / / , through
December 31, 2023.

The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ Assuming Office: Date assumed / /

☐ The period covered is / / , through
the date of leaving office.

☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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I certify under penalty of perjury under the laws of the State of California that I

Date Signed 2/22/2024

(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Linda [REDACTED] Keasberry

▶ NAME OF SOURCE (Not an Acronym) Lopez Works		
ADDRESS (Business Address Acceptable) Laguna Hills		
BUSINESS ACTIVITY, IF ANY, OF SOURCE Grounds Clean Up		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 15 23	50	Gift Card
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Officer Use Only

RECEIVED FEB 21 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
HERTEL LOVE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

DEPUTY MANAGER II

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

☐ **Leaving Office:** Date Left / /
(Check one circle.)

-or-

The period covered is / / through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

☐ The period covered is / / through
the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☒ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the

Date Signed 2/21/2024

(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
HERTEL, LOVE	

▶ NAME OF SOURCE (Not an Acronym)		
RAY CAMMACK SHOWS		
ADDRESS (Business Address Acceptable)		
PO BOX 10, LAWEEN, AZ 85339		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
MASTER CARNIVAL OPERATOR		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	250	RIDE PASS
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 28 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Torres Marie [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

ASSOCIATE GOVERNMENTAL PROGRAM ANALYST

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- ☒ State ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County ☐ County of
- ☐ City of ☐ Other

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2023, through December 31, 2023.
- or- The period covered is / / through December 31, 2023.
- ☐ Assuming Office: Date assumed / /
- ☐ Leaving Office: Date Left / / (Check one circle.)
- ☐ The period covered is January 1, 2023, through the date of leaving office.
- or- ☐ The period covered is / / through the date of leaving office.
- ☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
- ☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached
- ☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
88 FAIR DRIVE COSTA MESA CA 92626

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
[REDACTED]

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/26/24 Signature [REDACTED]
(month, day, year) (Filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 28 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Cavazos Martha

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 Agriculture Association

Supervisor

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2023, through December 31, 2023.

☐ **Leaving Office:** Date Left / /
(Check one circle.)

-or-

The period covered is / / through December 31, 2023.

☐ The period covered is January 1, 2023, through the date of leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

☐ The period covered is / / through the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☐ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/16/24

(month, day, year)

Signature

(Filing official)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 19 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Tang Max

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

Staff Service Manager II

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

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December 31, 2023.

☐ **Leaving Office:** Date Left / /
(Check one circle.)

-or-

The period covered is / / through
December 31, 2023.

| The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

☐ The period covered is / / through
the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

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☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☒ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE COSTA MESA CA 92626

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

(714) 708-

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 fo

Date Signed 3/18/24

(month, day, year)

Signature

(Filing official)

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>MAX TANG</u>

▶ NAME OF SOURCE <i>(Not an Acronym)</i> RAY CAMMACK SHOWS		
ADDRESS <i>(Business Address Acceptable)</i> PO BOX 10, LAWEEN, AZ 85339		
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	\$ 250	RIDE PASS
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
ADDRESS <i>(Business Address Acceptable)</i>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
ADDRESS <i>(Business Address Acceptable)</i>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
ADDRESS <i>(Business Address Acceptable)</i>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
ADDRESS <i>(Business Address Acceptable)</i>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
ADDRESS <i>(Business Address Acceptable)</i>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
AU-YEUNG MELISSA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

DEPUTY SECRETARY MANAGER

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

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☐ Leaving Office: Date Left / /
(Check one circle.)

-or-

The period covered is / / through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ Assuming Office: Date assumed / /

☐ The period covered is / / through
the date of leaving office.

☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/29/2024
(month, day, year)

Signature

SCHEDULE D

Income – Gifts

▶ 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 <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>7 / 14 / 23</td> <td>250</td> <td>RIDE PASS</td> </tr> <tr> <td>01 / 16 / 23</td> <td>75</td> <td>DINNER</td> </tr> <tr> <td>1 / /</td> <td>\$</td> <td></td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	7 / 14 / 23	250	RIDE PASS	01 / 16 / 23	75	DINNER	1 / /	\$		▶ NAME OF SOURCE (Not an Acronym) Celebration Festivals LLC ADDRESS (Business Address Acceptable) 48 Waterworks Way, Irvine, CA 92618 BUSINESS ACTIVITY, IF ANY, OF SOURCE EVENT PROMOTER <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>11 / 30 / 23</td> <td>400</td> <td>Winter Fest Event Tick</td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	11 / 30 / 23	400	Winter Fest Event Tick	/ /	\$		/ /	\$	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
7 / 14 / 23	250	RIDE PASS																							
01 / 16 / 23	75	DINNER																							
1 / /	\$																								
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
11 / 30 / 23	400	Winter Fest Event Tick																							
/ /	\$																								
/ /	\$																								
▶ NAME OF SOURCE (Not an Acronym) OAK VIEW GROUP ADDRESS (Business Address Acceptable) 88 FAIR DRIVE, COSTA MESA, CA 92626 BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CONCESSIONNAIRE <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>01 / 17 / 23</td> <td>75</td> <td>DINNER</td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	01 / 17 / 23	75	DINNER	/ /	\$		/ /	\$		▶ NAME OF SOURCE (Not an Acronym) CITIZENS BUSINESS BANK ADDRESS (Business Address Acceptable) 701 N Haven Avenue Ontario, CA 91764 BUSINESS ACTIVITY, IF ANY, OF SOURCE BANKING <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>4 / 18 / 23</td> <td>55</td> <td>LUNCH</td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	4 / 18 / 23	55	LUNCH	/ /	\$		/ /	\$	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
01 / 17 / 23	75	DINNER																							
/ /	\$																								
/ /	\$																								
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
4 / 18 / 23	55	LUNCH																							
/ /	\$																								
/ /	\$																								
▶ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	/ /	\$		/ /	\$		/ /	\$		▶ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	/ /	\$		/ /	\$		/ /	\$	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
/ /	\$																								
/ /	\$																								
/ /	\$																								
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
/ /	\$																								
/ /	\$																								
/ /	\$																								

Comments:

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
AU-YEUNG **MELISSA**

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

DEPUTY SECRETARY MANAGER

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

-or-

The period covered is ____/____/____, through
December 31, 2023.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: **2**

Schedules attached

☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☒ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed **2/29/2024**
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

Name
MELISSA AU-YEUNG

► NAME OF SOURCE (Not an Acronym)

RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)

PO BOX 10, LAWEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

7 / 14 / 23	250	RIDE PASS
	\$	

01 / 16 / 23	75	DINNER
	\$	

1 / /	\$	
-------	----	--

► NAME OF SOURCE (Not an Acronym)

OAK VIEW GROUP

ADDRESS (Business Address Acceptable)

88 FAIR DRIVE, COSTA MESA, CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CONCESSIONNAIRE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

01 / 17 / 23	75	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)

Celebration Festivals LLC

ADDRESS (Business Address Acceptable)

48 Waterworks Way, Irvine, CA 92618

BUSINESS ACTIVITY, IF ANY, OF SOURCE

EVENT PROMOTER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

11 / 30 / 23	400	Winter Fest Event Tick
	\$	

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

CITIZENS BUSINESS BANK

ADDRESS (Business Address Acceptable)

701 N Haven Avenue Ontario, CA 91764

BUSINESS ACTIVITY, IF ANY, OF SOURCE

BANKING

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

4 / 18 / 23	55	LUNCH
	\$	

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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Date Initial Filing Received
Filing Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Avena Melody

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 Agriculture Association

Your Position

Creative Services Supervisor (Deputy Manager I)

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

-or-

The period covered is / / , through
December 31, 2023.

☐ **Leaving Office:** Date Left / /
(Check one circle.)

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ The period covered is / / , through
the date of leaving office.

☐ **Assuming Office:** Date assumed / /

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☐ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
88 FAIR DRIVE COSTA MESA CA 92626
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/12/24
(month, day, year)

Signature

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
RICHARDS MICHELE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

MANAGER / CEO

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ☐ County of
☐ City of ☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2023, through December 31, 2023.
-or- The period covered is / / , through December 31, 2023.
☐ **Assuming Office:** Date assumed / /
☐ **Candidate:** Date of Election and office sought, if different than Part 1:
☐ **Leaving Office:** Date Left / / (Check one circle.)
☐ The period covered is January 1, 2023, through the date of leaving office.
-or- ☐ The period covered is / / , through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: **2**

Schedules attached

☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached ☒ Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
88 FAIR DRIVE COSTA MESA CA 92626
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed **2-29-2024**
(month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name MICHELE RICHARDS

▶ NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS		
ADDRESS (Business Address Acceptable) PO BOX 10, LAWEEN, AZ 85339		
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	250	RIDE PASS
	\$	
01 / 16 / 23	75	DINNER
	\$	
11 / 27 / 23	75	DINNER
	\$	

▶ NAME OF SOURCE (Not an Acronym) CITIZENS BUSINESS BANK		
ADDRESS (Business Address Acceptable) 701 N Haven Avenue Ontario, CA 91764		
BUSINESS ACTIVITY, IF ANY, OF SOURCE BANKING		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 18 / 23	55	LUNCH
	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym) Celebration Festivals LLC		
ADDRESS (Business Address Acceptable) 48 Waterworks Way, Irvine, CA 92618		
BUSINESS ACTIVITY, IF ANY, OF SOURCE EVENT PROMOTER		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 23	400	Winter Fest Event Tick
	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
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Filing Official Use Only

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
RICHARDS **MICHELE** 

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

MANAGER / CEO

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☒ State ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County _____ ☐ County of _____
- ☐ City of _____ ☐ Other _____

3. Type of Statement (Check at least one box)

- ☒ **Annual:** The period covered is January 1, 2023, through December 31, 2023.
- ☐ **Leaving Office:** Date Left ____/____/____ (Check one circle.)
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- ☐ **Multi-County:** The period covered is ____/____/____, through December 31, 2023.
- ☐ **Other:** The period covered is January 1, 2023, through the date of leaving office.
- ☐ **Other:** The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: **2**

Schedules attached

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
- ☐ Schedule A-2 - Investments - schedule attached ☒ Schedule D - Income - Gifts - schedule attached
- ☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
88 FAIR DRIVE **COSTA MESA** **CA** **92626**

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed **2-29-2024**
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name MICHELE RICHARDS

► NAME OF SOURCE (Not an Acronym)

RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)

PO BOX 10, LAWEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	250	RIDE PASS
	\$	
01 / 16 / 23	75	DINNER
	\$	
11 / 27 / 23	75	DINNER
	\$	

► NAME OF SOURCE (Not an Acronym)

Celebration Festivals LLC

ADDRESS (Business Address Acceptable)

48 Waterworks Way, Irvine, CA 92618

BUSINESS ACTIVITY, IF ANY, OF SOURCE

EVENT PROMOTER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 23	400	Winter Fest Event Tick
	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

CITIZENS BUSINESS BANK

ADDRESS (Business Address Acceptable)

701 N Haven Avenue Ontario, CA 91764

BUSINESS ACTIVITY, IF ANY, OF SOURCE

BANKING

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 18 / 23	55	LUNCH
	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments:

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 23 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
da Silva Monica 

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

► 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, 2023, through
December 31, 2023.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)

-or-

The period covered is ____/____/____ through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ **Assuming Office:** Date assumed ____/____/____

☐ The period covered is ____/____/____ through
the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☐ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
88 FAIR DRIVE		COSTA MESA	CA	92626

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 02-21-24
(month, day, year)

Signature _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED APR 02 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
RUBALCAVA-GARCIA NATALIE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

Board of Directors

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2023, through
December 31, 2023.

☐ Leaving Office: Date Left ____/____/____
(Check one circle.)

-or-

The period covered is ____/____/____, through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: **2**

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(714) 708-1514

NRubalcava-Garcia@ocfairboard.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed **3.30.24**
(month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name NATALIE RUBALCAVA-GARCIA
--

► NAME OF SOURCE (Not an Acronym)
RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)
PO BOX 10, LAVEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	500	RIDE PASS
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)
Celebration Festivals LLC

ADDRESS (Business Address Acceptable)
48 Waterworks Way, Irvine, CA 92618

BUSINESS ACTIVITY, IF ANY, OF SOURCE
EVENT PROMOTER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 23	400	Winter Fest Event Tick
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 20 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
ROWLEY NATHAN

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 Agriculture Association

DEPUTY MANAGER I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- ☒ State ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County ☐ County of
- ☐ City of ☐ Other

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2023, through December 31, 2023.
- or- The period covered is / / , through December 31, 2023.
- ☐ Leaving Office: Date Left / / (Check one circle.)
- ☐ The period covered is January 1, 2023, through the date of leaving office.
- or- ☐ The period covered is / / , through the date of leaving office.
- ☐ Assuming Office: Date assumed / /
- ☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
- ☐ Schedule A-2 - Investments - schedule attached ☒ Schedule D - Income - Gifts - schedule attached
- ☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
88 FAIR DRIVE COSTA MESA CA 92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 02/20/2024
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name NATHAN ROWLEY

▶ NAME OF SOURCE (Not an Acronym) LOPEZ WORKS, INC.		
ADDRESS (Business Address Acceptable) 21195 Prairie View Ln., Trabuco Canyon, CA 92679		
BUSINESS ACTIVITY, IF ANY, OF SOURCE waste collection/ parking lot sweeping		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 23	100	gift card
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED 4/15/2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
PHAM NEWTON

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

Board of Directors

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- ☒ State ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County ☐ County of
- ☐ City of ☐ Other

3. Type of Statement (Check at least one box)

- ☒ **Annual:** The period covered is January 1, 2023, through December 31, 2023.
- ☐ **Leaving Office:** Date Left / / (Check one circle.)
- ☐ The period covered is January 1, 2023, through the date of leaving office.
- ☐ **Assuming Office:** Date assumed / /
- ☐ **Other:** 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: 4

Schedules attached

- ☐ **Schedule A-1 - Investments** – schedule attached ☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached
- ☒ **Schedule A-2 - Investments** – schedule attached ☒ **Schedule D - Income – Gifts** – schedule attached
- ☐ **Schedule B - Real Property** – schedule attached ☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
88 FAIR DRIVE COSTA MESA CA 92626

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(714) 708-1514 NPham@ocfairboard.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4/15/2024
(month, day, year)

Signature Newton Pham
Digitally signed by Newton Pham
Date: 2024.04.15 14:57:26 -07'00'
(File the originally signed paper statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

NEWTON PHAM

► NAME OF BUSINESS ENTITY

SynerG, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

11101 Condor Avenue, Fountain Valley, CA

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:

_____/_____/23 _____/_____/23
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/23 _____/_____/23
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/23 _____/_____/23
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

A&D Precision Manufacturing

GENERAL DESCRIPTION OF THIS BUSINESS

4751 E Hunter Avenue, Anaheim, CA

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:

_____/_____/23 _____/_____/23
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/23 _____/_____/23
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/23 _____/_____/23
ACQUIRED DISPOSED

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name NEWTON PHAM

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME Zions Bancorporation	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) 1900 Main Street, Irvine, CA	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION Executive Vice President	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED ☐ No Income - Business Position Only ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$10,001 - \$100,000 ☒ OVER \$100,000	GROSS INCOME RECEIVED ☐ No Income - Business Position Only ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$10,001 - \$100,000 ☐ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED ☒ Salary ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) ☐ Sale of _____ (Real property, car, boat, etc.) ☐ Loan repayment ☐ Commission or ☐ Rental Income, list each source of \$10,000 or more _____ (Describe) ☐ Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED ☐ Salary ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) ☐ Sale of _____ (Real property, car, boat, etc.) ☐ Loan repayment ☐ Commission or ☐ Rental Income, list each source of \$10,000 or more _____ (Describe) ☐ Other _____ (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % ☐ None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	☐ None ☐ Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ Real Property _____	Street address
_____		City
HIGHEST BALANCE DURING REPORTING PERIOD	☐ Guarantor _____	
☐ \$500 - \$1,000	☐ Other _____	(Describe)
☐ \$1,001 - \$10,000		
☐ \$10,001 - \$100,000		
☐ OVER \$100,000		

Comments: _____

SCHEDULE D

Income – Gifts

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 <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>7 / 14 / 23</td> <td>500</td> <td>RIDE PASS</td> </tr> <tr> <td> / / </td> <td>\$ </td> <td></td> </tr> <tr> <td> / / </td> <td>\$ </td> <td></td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	7 / 14 / 23	500	RIDE PASS	/ /	\$		/ /	\$		NAME OF SOURCE (Not an Acronym) Celebration Festivals LLC ADDRESS (Business Address Acceptable) 48 Waterworks Way, Irvine, CA 92618 BUSINESS ACTIVITY, IF ANY, OF SOURCE EVENT PROMOTER <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>11 / 30 / 23</td> <td>400</td> <td>Winter Fest Event Tick</td> </tr> <tr> <td> / / </td> <td>\$ </td> <td></td> </tr> <tr> <td> / / </td> <td>\$ </td> <td></td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	11 / 30 / 23	400	Winter Fest Event Tick	/ /	\$		/ /	\$	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
7 / 14 / 23	500	RIDE PASS																							
/ /	\$																								
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NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td> / / </td> <td>\$ </td> <td></td> </tr> <tr> <td> / / </td> <td>\$ </td> <td></td> </tr> <tr> <td> / / </td> <td>\$ </td> <td></td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	/ /	\$		/ /	\$		/ /	\$		NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td> / / </td> <td>\$ </td> <td></td> </tr> <tr> <td> / / </td> <td>\$ </td> <td></td> </tr> <tr> <td> / / </td> <td>\$ </td> <td></td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	/ /	\$		/ /	\$		/ /	\$	
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/ /	\$																								
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
/ /	\$																								
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
/ /	\$																								
/ /	\$																								
/ /	\$																								

Comments:

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

RECEIVED MAR 29 2024

NAME OF FILER (LAST) (FIRST) (MIDDLE)
BUFFA **NICHOLAS** [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

DEPUTY MANAGER II

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

-or-

The period covered is ____/____/____, through
December 31, 2023.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)

The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ **Assuming Office:** Date assumed ____/____/____

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: **2**

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed

28 MAR 2024
(month, day, year)

Signature

(your filing official)

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name NICHOLAS BUFFA

► NAME OF SOURCE (Not an Acronym)
RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)
PO BOX 10, LAVEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	250	RIDE PASS
	\$	
	\$	
	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
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RECEIVED MAR 29 2024

NAME OF FILER (LAST) (FIRST) (MIDDLE)
BUFFA NICHOLAS

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

DEPUTY MANAGER II

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- ☒ State ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County ☐ County of
- ☐ City of ☐ Other

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2023, through December 31, 2023.
- or- The period covered is through December 31, 2023.
- ☐ Assuming Office: Date assumed through
- ☐ Leaving Office: Date Left (Check one circle.)
- ☐ The period covered is January 1, 2023, through the date of leaving office.
- or- ☐ The period covered is through the date of leaving office.
- ☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: **2**

Schedules attached

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
- ☐ Schedule A-2 - Investments - schedule attached ☒ Schedule D - Income - Gifts - schedule attached
- ☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
88 FAIR DRIVE COSTA MESA CA 92626

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

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 **28 MAR 2024**
(month, day, year)

Signature (Filing official)

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name NICHOLAS BUFFA

► NAME OF SOURCE (Not an Acronym)

RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)

PO BOX 10, LAVEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	250	RIDE PASS
	\$	
	\$	
	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 28 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
KOVACEVICH NICK

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 Agriculture Association

Your Position

Board of Directors

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2023, through
December 31, 2023.

☐ Leaving Office: Date Left ____/____/____
(Check one circle.)

-or-

The period covered is ____/____/____, through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: **2**

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

(714) 708-1514

EMAIL ADDRESS

NKovacevich@ocfairboard.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/28/24
(month, day, year)

Signature

[Redacted Signature]

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

NICK KOVACEVICH

► NAME OF SOURCE (Not an Acronym)

RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)

PO BOX 10, LAWEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE

MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

7 / 14 / 23	500	RIDE PASS
-------------	-----	-----------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

Celebration Festivals LLC

ADDRESS (Business Address Acceptable)

48 Waterworks Way, Irvine, CA 92618

BUSINESS ACTIVITY, IF ANY, OF SOURCE

EVENT PROMOTER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

11 / 30 / 23	400	Winter Fest Event Tick
--------------	-----	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

/ /	\$	
-----	----	--

Comments:

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 04 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Sanchez Omar

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

Deputy Manager I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

☐ **Leaving Office:** Date Left / /
(Check one circle.)

-or-

The period covered is / /, through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

☐ The period covered is / /, through
the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☐ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed

3-4-24

(month, day, year)

Signature

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 16 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
SITAGATA-IA **PONA**

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

DM1 DEPUTY MANAGER I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2023, through
December 31, 2023.

-or-

The period covered is ____/____/____, through
December 31, 2023.

☐ Leaving Office: Date Left ____/____/____
(Check one circle.)

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of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: **1**

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☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that _____.

Date Signed **2/16/2024**

(month, day, year)

Signature

(Statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 05 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Chiv Rebecca [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Event coordinator

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

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☐ Leaving Office: Date Left / /
(Check one circle.)

-or-

The period covered is / / through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ Assuming Office: Date assumed / /

☐ The period covered is / / through
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☐ Schedule A-1 - Investments -- schedule attached

☐ Schedule C - Income, Loans, & Business Positions -- schedule attached

☐ Schedule A-2 - Investments -- schedule attached

☐ Schedule D - Income -- Gifts -- schedule attached

☐ Schedule B - Real Property -- schedule attached

☐ Schedule E - Income -- Gifts -- Travel Payments -- schedule attached

-or- ☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
88 FAIR DRIVE		COSTA MESA	CA	92626

I have used all reasonable means to prepare 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 this statement is true and correct.

Date Signed 3/4/2024

Signature

(signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 06 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Dominguez Reymundo

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

DM1 DEPUTY MANAGER I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

☐ **Leaving Office:** Date Left / /
(Check one circle.)

-or-

The period covered is / / through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ The period covered is / / through
the date of leaving office.

☐ **Assuming Office:** Date assumed / /

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☒ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed 3/2/2024

(month, day, year)

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Reymundo Dominguez</u>

▶ NAME OF SOURCE (Not an Acronym) <u>(LWI) LOPEZ WORKS INC</u>		
ADDRESS (Business Address Acceptable) <u>21195 Praire View Lane, Trabuco Canyon CA 92679</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Parking Lot Sweeping/Reuse Pick up</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 0 23</u>	<u>100</u>	<u>Restaurant Gift Card</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 06 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Dominguez Reymundo

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

DM1 DEPUTY MANAGER I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)

-or-

The period covered is ____/____/____ through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ **Assuming Office:** Date assumed ____/____/____

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☒ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
88 FAIR DRIVE COSTA MESA CA 92626

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed 3/2/2024

(month, day, year)

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Reymundo Dominguez</u>

▶ NAME OF SOURCE (Not an Acronym) <u>(LWI) LOPEZ WORKS INC</u>		
ADDRESS (Business Address Acceptable) <u>21195 Praire View Lane, Trabuco Canyon CA 92679</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Parking Lot Sweeping/Reuse Pick up</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 0 / 23</u>	<u>100</u>	<u>Restaurant Gift Card</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

2023 Annual Filing Requirement
to be filed by April 15, 2024

RECEIVED FEB 21 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
CASTAGNOLI ROBERT [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

DEPUTY MANAGER 1

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

Multi-County _____

☐ County of _____

City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2023, through
December 31, 2023.

☐ Leaving Office: Date Left ____/____/____
(Check one circle.)

-or-

The period covered is ____/____/____ through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.

Assuming Office: Date assumed ____/____/____

Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the

Date Signed 2/16/24

(month, day, year)

Signature

(official)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 28 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
RUIZ **ROBERT**

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

Board of Directors

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2023, through
December 31, 2023.

-or-

The period covered is ____/____/____, through
December 31, 2023.

☐ Leaving Office: Date Left ____/____/____
(Check one circle.)

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

CITY

COSTA MESA

STATE

CA

ZIP CODE

92626

DAYTIME TELEPHONE NUMBER

(714) 708-1514

EMAIL ADDRESS

RRuiz@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

Date Signed

2-28-24
(month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name ROBERT RUIZ

▶ NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS		
ADDRESS (Business Address Acceptable) PO BOX 10, LAVEEN, AZ 85339		
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	500	RIDE PASS
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym) Celebration Festivals LLC		
ADDRESS (Business Address Acceptable) 48 Waterworks Way, Irvine, CA 92618		
BUSINESS ACTIVITY, IF ANY, OF SOURCE EVENT PROMOTER		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 23	400	Winter Fest Event Tick
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Office Use Only

RECEIVED FEB 28 2024

Please type or print in ink.

NAME OF FILER (LAST) CAU (FIRST) RUBY (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms) MARKETING DIRECTOR
CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable _____ Your Position _____

Fairs & Expositions / 32nd District Agriculture Association

► 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, 2023, through December 31, 2023.
- or- The period covered is _____, through December 31, 2023.
- ☐ **Assuming Office:** Date assumed _____
- ☐ **Leaving Office:** Date Left _____ (Check one circle.)
- ☐ The period covered is January 1, 2023, through the date of leaving office.
- or- ☐ The period covered is _____, through the date of leaving office.
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

- ☐ **Schedule A-1 - Investments** - schedule attached ☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached
- ☐ **Schedule A-2 - Investments** - schedule attached ☒ **Schedule D - Income - Gifts** - schedule attached
- ☐ **Schedule B - Real Property** - schedule attached ☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____
(Business or Agency Address Recommended - Public Document)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/26/2024
(month, day, year)

Signature _____
(If the filer is a natural person, the signature must be handwritten.)

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>RUBY LAY</u>
--

▶ NAME OF SOURCE <i>(Not an Acronym)</i> RAY CAMMACK SHOWS		
ADDRESS <i>(Business Address Acceptable)</i> PO BOX 10, LAWEEN, AZ 85339		
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	\$ 250	RIDE PASS
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
ADDRESS <i>(Business Address Acceptable)</i>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
ADDRESS <i>(Business Address Acceptable)</i>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
ADDRESS <i>(Business Address Acceptable)</i>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
ADDRESS <i>(Business Address Acceptable)</i>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
ADDRESS <i>(Business Address Acceptable)</i>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 28 2024

Please type or print in ink.

NAME OF FILER (LAST) LAY (FIRST) RUBY (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms) MARKETING DIRECTOR
CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE
Division, Board, Department, District, if applicable Your Position
Fairs & Expositions / 32nd District Agriculture Association

► 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, 2023, through December 31, 2023.
-or- The period covered is ____/____/____, through December 31, 2023.
☐ **Assuming Office:** Date assumed ____/____/____
☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
☐ **Leaving Office:** Date Left ____/____/____ (Check one circle.)
☐ The period covered is January 1, 2023, through the date of leaving office.
-or- ☐ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached ☒ Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/26/2024
(month, day, year)

Signature _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>RUBY LAY</u>
--

▶ NAME OF SOURCE (Not an Acronym) RAY CAMMACK SHOWS		
ADDRESS (Business Address Acceptable) PO BOX 10, LAWEEN, AZ 85339		
BUSINESS ACTIVITY, IF ANY, OF SOURCE MASTER CARNIVAL OPERATOR		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	\$ 250	RIDE PASS
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 25 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Anderson Stephen [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

EVENT Coordinator

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- ☒ State ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County ☐ County of
- ☐ City of ☐ Other

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2023, through December 31, 2023.
- or- The period covered is / / , through December 31, 2023.
- ☐ Assuming Office: Date assumed / /
- ☐ Leaving Office: Date Left / / (Check one circle.)
- ☐ The period covered is January 1, 2023, through the date of leaving office.
- or- The period covered is / / , through the date of leaving office.
- ☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
- ☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached
- ☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
88 FAIR DRIVE COSTA MESA CA 92626

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the for

Date Signed 3/22/24 Signature [REDACTED]

(month, day, year)

(Filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 16 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
ANGUS SUMMER

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

DEPUTY MANAGER I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)

-or-

The period covered is ____/____/____, through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ **Assuming Office:** Date assumed ____/____/____

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: **1**

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California

Date Signed **2/16/2024**

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 28 2024

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

(MIDDLE)

BILEZIKJIAN

TANYA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

Board of Directors

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2023, through
December 31, 2023.

☐ Leaving Office: Date Left ____/____/____
(Check one circle.)

-or-

The period covered is 09/20/2023, through
December 31, 2023.

The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 4

Schedules attached

☒ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

([REDACTED])

TBilezikjian@ocfairboard.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/28/24
(month, day, year)

Signature

(Statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

TANYA BILEZIKJIAN

NAME OF BUSINESS ENTITY

Amazon

GENERAL DESCRIPTION OF THIS BUSINESS

online retailer

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other (Describe) _____
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

07 / 24 / 23 / / / 23
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

Bank of America

GENERAL DESCRIPTION OF THIS BUSINESS

bank

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other (Describe) _____
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

4 / 3 / 23 / / / 23
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

Target Corp

GENERAL DESCRIPTION OF THIS BUSINESS

retail - general

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:

10 / 10 / 23 / / / 23
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

Ford

GENERAL DESCRIPTION OF THIS BUSINESS

car manufacture and sales

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other (Describe) _____
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

3 / 20 / 23 / / / 23
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

Citigroup

GENERAL DESCRIPTION OF THIS BUSINESS

bank

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other (Describe) _____
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

7 / 10 / 23 / / / 23
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

Apple

GENERAL DESCRIPTION OF THIS BUSINESS

electronics retailer

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other (Describe) _____
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ / 23 / / / 23
ACQUIRED DISPOSED

Comments:

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name TANYA BILEZIKJIAN

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME Michael Baker International	NAME OF SOURCE OF INCOME MNS Engineers
ADDRESS (Business Address Acceptable) 3536 Concours	ADDRESS (Business Address Acceptable) 3850 Vine Street
BUSINESS ACTIVITY, IF ANY, OF SOURCE civil engineering consulting	BUSINESS ACTIVITY, IF ANY, OF SOURCE civil engineering consulting
YOUR BUSINESS POSITION Vice President	YOUR BUSINESS POSITION Vice President
GROSS INCOME RECEIVED ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$10,001 - \$100,000 ☒ OVER \$100,000	GROSS INCOME RECEIVED ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$10,001 - \$100,000 ☒ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED ☒ Salary ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) ☐ Sale of _____ (Real property, car, boat, etc.) ☐ Loan repayment ☐ Commission or ☐ Rental Income, list each source of \$10,000 or more _____ (Describe) ☐ Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED ☒ Salary ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) ☐ Sale of _____ (Real property, car, boat, etc.) ☐ Loan repayment ☐ Commission or ☐ Rental Income, list each source of \$10,000 or more _____ (Describe) ☐ Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	_____% ☐ None	
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN ☐ None ☐ Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$10,001 - \$100,000 ☐ OVER \$100,000	☐ Real Property _____ _____ City ☐ Guarantor _____ ☐ Other _____ (Describe)	

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name TANYA BILEZIKJIAN

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
Celebration Festivals LLC		
ADDRESS (Business Address Acceptable)		
48 Waterworks Way, Irvine, CA 92618		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
EVENT PROMOTER		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 30 23	400	Winter Fest Event Tick
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 08 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
TAMOUKIAN TANYA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

EVENT COORDINATOR

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2023, through
December 31, 2023.

☐ Leaving Office: Date Left / /
(Check one circle.)

-or-

The period covered is / /, through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ Assuming Office: Date assumed / /

☐ The period covered is / /, through
the date of leaving office.

☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the

Date Signed

3/6/24
(month, day, year)

Signature

(your filing official)

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name TANYA TAMOUKIAN

▶ NAME OF SOURCE <i>(Not an Acronym)</i> Celebration Festivals LLC		
ADDRESS <i>(Business Address Acceptable)</i> 48 Waterworks Way, Irvine, CA 92618		
BUSINESS ACTIVITY, IF ANY, OF SOURCE EVENT PROMOTER		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 23	400	Winter Fest Event Tick
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
ADDRESS <i>(Business Address Acceptable)</i>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
ADDRESS <i>(Business Address Acceptable)</i>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
ADDRESS <i>(Business Address Acceptable)</i>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
ADDRESS <i>(Business Address Acceptable)</i>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE <i>(Not an Acronym)</i>		
ADDRESS <i>(Business Address Acceptable)</i>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 08 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
TAMOUKIAN TANYA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

EVENT COORDINATOR

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2023, through
December 31, 2023.

☐ Leaving Office: Date Left / /
(Check one circle.)

-or-

The period covered is / / through
December 31, 2023.

The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ Assuming Office: Date assumed / /

☐ The period covered is / / through
the date of leaving office.

☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: **2**

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed **3/6/24**
(month, day, year)

Signature
(with your filing official.)

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name TANYA TAMOUKIAN
--

► NAME OF SOURCE (Not an Acronym)
Celebration Festivals LLC

ADDRESS (Business Address Acceptable)
48 Waterworks Way, Irvine, CA 92618

BUSINESS ACTIVITY, IF ANY, OF SOURCE
EVENT PROMOTER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 23	400	Winter Fest Event Tick
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
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Date Initial Filing Received
Filing Official Use Only

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Dayton Teresa

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

Deputy Manager I

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2023, through
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☐ Leaving Office: Date Left / /
(Check one circle.)

-or-
The period covered is / / through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

☐ Assuming Office: Date assumed / /

-or-
☐ The period covered is / / through
the date of leaving office.

☐ Candidate: Date of Election and office sought, if different than Part 1:

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☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
88 FAIR DRIVE		COSTA MESA	CA	92626

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/21/2024
(month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Teresa Dayton
--

► NAME OF SOURCE (Not an Acronym)
Lopez Works Inc

ADDRESS (Business Address Acceptable)
21195 Prairie View Lane, Trabuco Canyon, CA 92679

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 15 23	100	Restaurant Gift Card
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Dayton Teresa

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

Deputy Manager I

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2023, through
December 31, 2023.

☐ Leaving Office: Date Left / /
(Check one circle.)

-or-

The period covered is / / through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ Assuming Office: Date assumed / /

☐ The period covered is / / through
the date of leaving office.

☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

Total number of pages including this cover page: 2

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
88 FAIR DRIVE		COSTA MESA	CA	92626
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/21/2024
(month, day, year)

Signature

SCHEDULE D **Income – Gifts**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Teresa Dayton
--

► NAME OF SOURCE (Not an Acronym)
 Lopez Works Inc

ADDRESS (Business Address Acceptable)
 21195 Prairie View Lane, Trabuco Canyon, CA 92679

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 15 23	100	Restaurant Gift Card
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 28 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Zarate Maria [REDACTED]

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Fairs & Expositions / 32nd District Agriculture Association

Your Position

Security Event Coordinator

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2023, through
December 31, 2023.

☐ Leaving Office: Date Left ____/____/____
(Check one circle.)

-or-

The period covered is ____/____/____ through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____ through
the date of leaving office.

☐ Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed Feb 26, 2024
(month, day, year)

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 MAR 22 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Moore Terry

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

Communications Director

► 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, 2023, through
December 31, 2023.

☐ **Leaving Office:** Date Left / /
(Check one circle.)

-or-

The period covered is / / through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ **Assuming Office:** Date assumed / /

☐ The period covered is / / through
the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☐ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE COSTA MESA CA 92626

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained
herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/22/24

Signature

(Filing official)

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Terry Moore

► NAME OF SOURCE (Not an Acronym)
RAY CAMMACK SHOWS

ADDRESS (Business Address Acceptable)
PO BOX 10, LAVEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MASTER CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 14 / 23	250	RIDE PASS
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED FEB 16 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
HOLLMAN **THANE**

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

Division, Board, Department, District, if applicable

Your Position

Fairs & Expositions / 32nd District Agriculture Association

DEPUTY MANAGER I

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2023, through
December 31, 2023.

☐ Leaving Office: Date Left / /
(Check one circle.)

-or-

The period covered is / / , through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ Assuming Office: Date assumed / /

☐ The period covered is / / , through
the date of leaving office.

☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: **1**

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

88 FAIR DRIVE

COSTA MESA

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a

I certify under penalty of perjury under the laws of the State of California that

Date Signed **2/16/2024**

(month, day, year)

Signature