CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 28 2022

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Putman	Abigail	[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 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, **2021**, through December 31, **2021**.
  -or-
  The period covered is ____/____/_____, through December 31, **2021**.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle.)*
  - ☐ The period covered is January 1, **2021**, 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 (must complete) ► *Total number of pages including this cover page:* 1

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **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 (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
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 [redacted]

Date Signed 03/25/2022 (month, day, year) **Signature** [redacted]

Print **Clear**

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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 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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88 Fair Drive	Costa Mesa	CA	92626

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
[redacted]	

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

Date Signed 02/25/2022 (month, day, year)

Signature [redacted] (with your filing official.)

Print **Clear**

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Aitken	Ashleigh	

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
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

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

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  - [ ] The period covered is January 1, 2021, 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 (must complete) ► *Total number of pages including this cover page:* 3

Schedules attached

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [ ] **Schedule A-2** - *Investments* – schedule attached
- [ ] **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 (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
88 Fair Drive	Costa Mesa	CA	92626

DAYTIME TELEPHONE NUMBER [redacted] EMAIL ADDRESS

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

Date Signed 3/26/22 (month, day, year)

Signature [redacted]

Print Clear

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
ASHLEIGH AITKEN

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Aitken Aitken Cohn

ADDRESS *(Business Address Acceptable)*
3 MacArthur Place, Suite 800, Santa Ana 92707

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law

YOUR BUSINESS POSITION
Of Counsel

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
Aitken Aitken Cohn

ADDRESS *(Business Address Acceptable)*
3 MacArthur Place, Suite 800, Santa Ana 92707

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law

YOUR BUSINESS POSITION
Partner

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: _____

Print Clear

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: ASHLEIGH AITKEN

▶ 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: CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/16/21	$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)*

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:

Print Clear

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Please type or print in ink.

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

Reese Audrey [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)*

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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 *(Business or Agency Address Recommended - Public Document)* | CITY | STATE | ZIP CODE

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 [redacted]

Date Signed 02/24/2022 *(month, day, year)*

Signature [redacted]

Print **Clear**

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FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
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A PUBLIC DOCUMENT

Date Initial Filing Received
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Please type or print in ink.

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

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

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 2

Schedules attached

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88 Fair Drive	Costa Mesa	CA	92626

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
([redacted]	

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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 3/28/2022 *(month, day, year)*

Signature Barbara Bagneris Digitally signed by Barbara Bagneris Date: 2022.03.28 23:27:38 -07'00'
(File the originally signed paper statement with your filing official.)

Print Clear

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, LAVEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 16 21	$ 500	RIDE PASS
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
WINTER FUN FESTIVALS, LLC / NIGHT OF LIGHTS

ADDRESS *(Business Address Acceptable)*
5267 Warner Ave #265, Huntington Beach,CA 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE
DRIVE THRU WINTER HOLIDAY LIGHT EVENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 26 21	$ 80	EVENT TICKETS
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments:

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Gregerson	Barbara	[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
- ☐ Multi-County _____
- ☐ City of _____
- ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

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

5. Verification

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

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
([redacted]	

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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 3/14/2022 *(month, day, year)*

Signature [redacted]

Print **Clear**

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

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 (Supervisory) II

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

Agency: _____ Position: _____

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

- ■ State
- ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
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DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
([redacted]	

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

Date Signed 3/22/222 *(month, day, year)*

Signature [redacted] *cial.)*

Print **Clear**

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Bianca Kulback

► 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
CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/16/21	$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:

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only
RECEIVED MAR 0 8 2022

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California Department of Food & Agriculture

Division, Board, Department, District, if applicable
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, **2021,** through December 31, **2021.**
  -or-
  The period covered is ____/____/_____, through December 31, **2021.**
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle.)*
  - ☐ The period covered is January 1, **2021,** 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 (must complete) ► *Total number of pages including this cover page:* 2

Schedules attached

- ☒ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **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 *(Business or Agency Address Recommended - Public Document)* STREET	CITY	STATE	ZIP CODE
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 03/01/2022 *(month, day, year)*

Signature [redacted]

Print **Clear**

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
Carol Singleton

▶ NAME OF BUSINESS ENTITY
FedEx

GENERAL DESCRIPTION OF THIS BUSINESS
Package Delivery

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

IF APPLICABLE, LIST DATE:
____/____/21 ACQUIRED ____/____/21 DISPOSED

▶ NAME OF BUSINESS ENTITY
Microsoft

GENERAL DESCRIPTION OF THIS BUSINESS
Software Company

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

IF APPLICABLE, LIST DATE:
____/____/21 ACQUIRED ____/____/21 DISPOSED

▶ NAME OF BUSINESS ENTITY
NVIDIA

GENERAL DESCRIPTION OF THIS BUSINESS
Microchip Company

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

IF APPLICABLE, LIST DATE:
____/____/21 ACQUIRED ____/____/21 DISPOSED

▶ NAME OF BUSINESS ENTITY
APPLE

GENERAL DESCRIPTION OF THIS BUSINESS
Computer Co.

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

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

IF APPLICABLE, LIST DATE:
____/____/21 ACQUIRED ____/____/21 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
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IF APPLICABLE, LIST DATE:
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▶ 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:
____/____/21 ACQUIRED ____/____/21 DISPOSED

Comments: _____

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 0 8 2022

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
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, **2021,** through December 31, **2021.**
  - **-or-**
  - The period covered is ____/____/_____, through December 31, **2021.**
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle.)*
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  - ☐ 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 (must complete) ► *Total number of pages including this cover page:* 2

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **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 (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
88 Fair Drive	Costa Mesa	CA	92626

DAYTIME TELEPHONE NUMBER [redacted] 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 t [redacted]

Date Signed February 22, 2022 *(month, day, year)*

Signature [redacted]

Print **Clear**

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Christine Gunst

▶ NAME OF SOURCE *(Not an Acronym)*
Winter Fun Festivals LLC

ADDRESS *(Business Address Acceptable)*
5267 Warner Ave. #265, Huntington Bch CA 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE
EVENT PROMOTER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 3 21	$ 72	ticket to event
___/___/___	$	
___/___/___	$	

▶ 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: _____

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California Department of Food & Agriculture

Division, Board, Department, District, if applicable
Fairs & Expositions / 32nd District Agriculture Association

Your Position
Business Service Assistant (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, 2021, through December 31, 2021.
  -or-
  The period covered is ____/____/_____, through December 31, 2021.
- ☐ **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.
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 1

Schedules attached

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- ☐ **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 (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
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 03/21/2022 *(month, day, year)*

Signature [redacted]

Print **Clear**

Courtney Duran

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only
RECEIVED MAR 21 2022

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Duran	Courtney	[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: OC Fair & Event Center 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, 2021, through December 31, 2021.
  -or-
  The period covered is ____/____/____, through December 31, 2021.
- ☐ **Assuming Office:** Date assumed ____/____/____
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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 [redacted]

Date Signed 3/21/22 *(month, day, year)* **Signature** [redacted]

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 18 2022

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California Department of Food & Agriculture

Division, Board, Department, District, if applicable
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)*

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

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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
([redacted]	

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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 3/18/2022 *(month, day, year)*

Signatu [redacted]

Print **Clear**

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
CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/16/21	$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:

Print Clear

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FAIR POLITICAL PRACTICES COMMISSION

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Lassiter	Dean	

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

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

5. Verification

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

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
([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 i [redacted]

Date Signed 3/15/22 *(month, day, year)*

Signature _____ *(File the*

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 2 8 2022

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, **2021,** through December 31, **2021.**
  -or-
  The period covered is ____/____/_____, through December 31, **2021.**
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle.)*
  - ☐ The period covered is January 1, **2021**, 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 (must complete) ► *Total number of pages including this cover page:* 1

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **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 *(Business or Agency Address Recommended - Public Document)* STREET	CITY	STATE	ZIP CODE
88 Fair Drive	Costa Mesa	CA	92626

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
([redacted]	[redacted]

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

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

Date Signed 3/28/2022 *(month, day, year)*

Sign [redacted]

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
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RECEIVED APR 28 2022

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

La Belle | Douglas | [redacted]

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

California Department of Agriculture

Division, Board, Department, District, if applicable | Your Position

Fairs & Exhibitions/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, 2021, through December 31, 2021.
  -**or-**
  The period covered is ____/____/____, through December 31, 2021.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one circle.)*
  - ☐ The period covered is January 1, 2021, 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 (must complete) ► *Total number of pages including this cover page:* 2

Schedules attached

- ■ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **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 *(Business or Agency Address Recommended - Public Document)* | CITY | STATE | ZIP CODE

88 Fair Drive | Costa Mesa | CA | 92626

DAYTIME TELEPHONE NUMBER | E-MAIL ADDRESS

(714) 708-1514 | dlabelle@ocfairboard.com

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

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

Date Signed _____ *(month, day, year)* **Signature** [redacted]

Print Clear

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
AMENDMENT

► NAME OF BUSINESS ENTITY
Lilly ELI Co

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:
__/__/21 ACQUIRED __/__/21 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:
__/__/21 ACQUIRED __/__/21 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:
__/__/21 ACQUIRED __/__/21 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
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IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 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:
__/__/21 ACQUIRED __/__/21 DISPOSED

Filer's Verification

Print Name _____

Office, Agency or Court _____

Statement Type ☐ 2021/2022 Annual ☐ Assuming ☐ Leaving ☐ ____ (yr) Annual ☐ Candidate

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

Date Signed _____ *(month, day, year)*

Filer's Signature _____

Comments: _____

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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)
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
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)*

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  -or-
  The period covered is ____/____/_____, through December 31, 2021.
- ☐ **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.
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 15

Schedules attached

- ■ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ■ **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 (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
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 [redacted]

Date Signed 3/27/22 *(month, day, year)*

Signatur [redacted]

Print **Clear**

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
AMERISOURCEBERGEN

GENERAL DESCRIPTION OF THIS BUSINESS
DRUG MFR.

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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
CALATLANTIC GROUP/LENNAR

GENERAL DESCRIPTION OF THIS BUSINESS
CAPITAL GOODS/CONSTRUCTION SERVICE

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

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

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
JOHNSON & JOHNSON

GENERAL DESCRIPTION OF THIS BUSINESS
HOUSEHOLD PRODUCTS, 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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
WALT DISNEY HOLDINGS

GENERAL DESCRIPTION OF THIS BUSINESS
Entertainment/THEME PARK

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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
SKYWORKS SOLUTIONS, INC.

GENERAL DESCRIPTION OF THIS BUSINESS
COMPUTER CHIP MFR.

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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
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:
__/__/21 ACQUIRED __/__/21 DISPOSED

Comments: _____

Print Clear

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
LOCKHEED MARTIN

GENERAL DESCRIPTION OF THIS BUSINESS
Aerospace/DEFENSE

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:
__/__/21 ACQUIRED __/__/21 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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
BJ's Restaurants

GENERAL DESCRIPTION OF THIS BUSINESS
Restaurant - Bars

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:
4/29/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
Wendy's Company

GENERAL DESCRIPTION OF THIS BUSINESS
Restaurant

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:
1/5/21 ACQUIRED __/__/21 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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
Penske Automotive Group

GENERAL DESCRIPTION OF THIS BUSINESS
Auto Retail

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:
__/__/21 ACQUIRED __/__/21 DISPOSED

Comments: Wendy's, purchased 100 shares 1-5-21

Print Clear

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Douglas La Belle

► NAME OF BUSINESS ENTITY
Boeing Co

GENERAL DESCRIPTION OF THIS BUSINESS
Aerospace / Defense

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:
1/5/21 ACQUIRED ___/___/21 DISPOSED

► NAME OF BUSINESS ENTITY
Nordstrom, Inc

GENERAL DESCRIPTION OF THIS BUSINESS
Retail

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:
___/___/21 ACQUIRED ___/___/21 DISPOSED

► NAME OF BUSINESS ENTITY
General Dynamics Corp

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:
___/___/21 ACQUIRED ___/___/21 DISPOSED

► NAME OF BUSINESS ENTITY
Microsoft Corp

GENERAL DESCRIPTION OF THIS BUSINESS
Computer Technology

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:
___/___/21 ACQUIRED ___/___/21 DISPOSED

► NAME OF BUSINESS ENTITY
General Electric

GENERAL DESCRIPTION OF THIS BUSINESS
Misc. Capital Goods

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:
___/___/21 ACQUIRED ___/___/21 DISPOSED

► NAME OF BUSINESS ENTITY
Bristol Myers Squibb Co

GENERAL DESCRIPTION OF THIS BUSINESS
Biotechnology

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:
___/___/21 ACQUIRED ___/___/21 DISPOSED

Comments: Purchased 10 shares of Boeing on 1-5-21

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 LaBelle

► NAME OF BUSINESS ENTITY
Amgen, Inc.
GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare / Pharma
FAIR MARKET VALUE
☑ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☑ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
Tootsie Roll, Inc.
GENERAL DESCRIPTION OF THIS BUSINESS
Candy Mfg.
FAIR MARKET VALUE
☑ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000
NATURE OF INVESTMENT
☑ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*
IF APPLICABLE, LIST DATE:
2/8/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
John Deere
GENERAL DESCRIPTION OF THIS BUSINESS
Farm Equipment
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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
Molson Coors
GENERAL DESCRIPTION OF THIS BUSINESS
Beverage Mfg.
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:
1/26/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
McDonalds Restaurants
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:
1/5/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
Anheiser Busch
GENERAL DESCRIPTION OF THIS BUSINESS
Beverage Mfg.
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:
1/5/21 ACQUIRED __/__/21 DISPOSED

Comments: _____

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Douglas La Belle

► NAME OF BUSINESS ENTITY
Restaurant Brands

GENERAL DESCRIPTION OF THIS BUSINESS
Restaurants

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

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

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
Yahoo Inc

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
Apple Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Computer / Phone 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:
__/__/21 ACQUIRED __/__/21 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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
Duke Energy Corp

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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
Torc Restorbio, Inc

GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare / Pharma

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

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

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

Comments: Purchased 75 shares Apple on 8-13-21; 15 shares on 1-5-21; 25 shares on 1-12-21

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 LaBelle

► NAME OF BUSINESS ENTITY
Hasbro, Inc.
GENERAL DESCRIPTION OF THIS BUSINESS
Recreation 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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
Delta Airlines
GENERAL DESCRIPTION OF THIS BUSINESS
Air line
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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
General Motor Corp
GENERAL DESCRIPTION OF THIS BUSINESS
Auto Mfr.
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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
General Mills
GENERAL DESCRIPTION OF THIS BUSINESS
Food Mfr.
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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
Lithia Motors
GENERAL DESCRIPTION OF THIS BUSINESS
Auto 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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY
Visa
GENERAL DESCRIPTION OF THIS BUSINESS
Credit Card / 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:
__/__/21 ACQUIRED __/__/21 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 LaBelle

► NAME OF BUSINESS ENTITY: AT+T

GENERAL DESCRIPTION OF THIS BUSINESS: Communication 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:

__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY: American Airlines Group

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:

__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY: Hawaiian Holdings

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:

__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY: Pepsico Company

GENERAL DESCRIPTION OF THIS BUSINESS: Food Products

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

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

IF APPLICABLE, LIST DATE:

__/__/21 ACQUIRED __/__/21 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:

__/__/21 ACQUIRED __/__/21 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:

__/__/21 ACQUIRED __/__/21 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 LaBelle

► NAME OF BUSINESS ENTITY: Coca Cola Co.
GENERAL DESCRIPTION OF THIS BUSINESS: Soft Drink Mfr.
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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY: Jack In The Box
GENERAL DESCRIPTION OF THIS BUSINESS: Restaurant
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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► 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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY: Bank of America
GENERAL DESCRIPTION OF THIS BUSINESS: Bank of America
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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY: Wells Fargo
GENERAL DESCRIPTION OF THIS BUSINESS: Regional Banking
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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY: Kraft Foods
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:
__/__/21 ACQUIRED __/__/21 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 LaBelle

► 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:
__/__/21 ACQUIRED __/__/21 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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY: Hyatt Hotels
GENERAL DESCRIPTION OF THIS BUSINESS: Hospitality
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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY: Merck + Co.
GENERAL DESCRIPTION OF THIS BUSINESS: Biopharmaceuticals
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:
__/__/21 ACQUIRED __/__/21 DISPOSED

► NAME OF BUSINESS ENTITY: Verizon Communications
GENERAL DESCRIPTION OF THIS BUSINESS: Communications 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:
__/__/21 ACQUIRED __/__/21 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:
__/__/21 ACQUIRED __/__/21 DISPOSED

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
DOUG LA BELLE

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1643 Beechwood

CITY
Costa Mesa

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

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

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

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

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

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

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

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

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

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

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

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 _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments: Personal Residence listed due to its proximity to OC Fair + Event Center

Print Clear

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
AmeriSource Bergen

ADDRESS *(Business Address Acceptable)*
800 Morris Drive, Chesterbrook PA 19087

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pharma Mfg.

YOUR BUSINESS POSITION
Stockholder

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
AT&T

ADDRESS *(Business Address Acceptable)*
208 S. Akard Street, Dallas, TX 75202

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Communications Services

YOUR BUSINESS POSITION
Stockholder

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:

Print Clear

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
Microsoft Corp.

ADDRESS *(Business Address Acceptable)*
Microsoft Campus, Redmond WA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Computer Technology

YOUR BUSINESS POSITION
Stockholder

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
Apple Inc.

ADDRESS *(Business Address Acceptable)*
1 Apple Pkwy, Cupertino, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cell phone, computer Mfg.

YOUR BUSINESS POSITION
Stockholder

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: _____

Print Clear

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
Johnson + Johnson, Inc

ADDRESS *(Business Address Acceptable)*
1 Johnson + Johnson Plaza New Brunswick NJ

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Household Products

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: _____

Print Clear

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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: CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/16/21	$500	RIDE PASS
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Forge Partners
ADDRESS *(Business Address Acceptable)*: 6118 Paseo Delicias, Rancho Santa Fe, CA 92067
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Business Developers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/15/21	$64.00	Candy
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Boys Republic
ADDRESS *(Business Address Acceptable)*: 1907 Boys Republic, Chino Hills, CA 91709
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Group Home Operator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/30/21	$19.95	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)*: B V + W LLP
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)
9/10/21	$221.92	Wine Gift
/ /	$	
/ /	$	

► 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:

Print | Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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)
Gonzalez	Edward	[redacted]

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

32nd District Agricultural Association

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, **2021,** through December 31, **2021.**
  -or-
  The period covered is ____/____/_____, through December 31, **2021.**
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle.)*
  - ☐ The period covered is January 1, **2021**, 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 (must complete) ► *Total number of pages including this cover page:* 1

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **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 *(Business or Agency Address Recommended - Public Document)* STREET	CITY	STATE	ZIP CODE
88 Fair Drive,	Costa Mesa	[redacted]	626

DAYTIME TELEPHONE NUMBER	EMAIL ADDRES
[redacted]	[redacted]

I have used all reasonable diligence in preparing this statement. I have reviewed this stater nformation contained herein and in any attached schedules is true and complete. I acknowledge this is a publi

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

Date Signed Mar. 11, 2022 *(month, day, year)*

Signature [redacted] *ng official.)*

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California Department of Food & Agriculture

Division, Board, Department, District, if applicable
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, **2021,** through December 31, **2021.**
  -or-
  The period covered is ____/____/_____, through December 31, **2021.**
- ☐ **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.
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

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- ☐ **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 *(Business or Agency Address Recommended - Public Document)* STREET	CITY	STATE	ZIP CODE
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 t [redacted]

Date Signed 3/28/2022 *(month, day, year)*

Signature [redacted]

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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Date Initial Filing Received
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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Young	Evy	[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
Exhibit 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, 2021, through December 31, 2021.
  -or-
  The period covered is ____/____/____, through December 31, 2021.
- ☐ **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, 2021, through the date of leaving office.
  - -or-
  - ☐ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 1

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- ☐ **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 *(Business or Agency Address Recommended - Public Document)* STREET	CITY	STATE	ZIP CODE
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 foreg [redacted]

Date Signed 2/25/22 *(month, day, year)*

Signature _____ *(File the original.)*

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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): LEARY (FIRST): 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, **2021**, through December 31, **2021**.
  -or-
  The period covered is ____/____/____, through December 31, **2021**.
- ☐ **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, **2021**, through the date of leaving office.
  - -or-
  - ☐ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 2

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **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 (Business or Agency Address Recommended - Public Document) | STREET | CITY | STATE | ZIP CODE

88 Fair Drive | [redacted] | 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 t [redacted]

Date Signed 3-8-22 (month, day, year) **Signa**

Print **Clear**

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Frances Leary

► NAME OF SOURCE *(Not an Acronym)*
Lopez Works
ADDRESS *(Business Address Acceptable)*
21195 Prairie View Ln, Trabuco Canyon, CA 92679
BUSINESS ACTIVITY, IF ANY, OF SOURCE
JANITORIAL SERVICES

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/15/21	$ 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:

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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)
Sandler	Howard	[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
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, **2021,** through December 31, **2021.**
  -or-
  The period covered is ____/____/_____, through December 31, **2021.**
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle.)*
  - ☐ The period covered is January 1, **2021,** 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 (must complete) ► *Total number of pages including this cover page:* 2

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **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 *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
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 03/04/2022 *(month, day, year)*

Signature [redacted]

Print **Clear**

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, LAVEEN, AZ 85339
BUSINESS ACTIVITY, IF ANY, OF SOURCE: CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/16/21	$250	RIDE PASS
	$	
	$	

► NAME OF SOURCE *(Not an Acronym)*: Destroy Productions
ADDRESS *(Business Address Acceptable)*: 15767 Via Salvador, Valley Center, CA 92082
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Independent Food & Beverage Concessionaire

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/19/21	$100	Restaurant Gift Card
	$	
	$	

► 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)
12/15/21	$140	Chocolates (for Dept)
	$	
	$	

► 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: Facility Cleaning Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/15/21	$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)
	$	
	$	
	$	

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

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 22 2022

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Jacobsen	Jason	[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
Planning & Production Director - 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, 2021, through December 31, 2021.
  -or-
  The period covered is ____/____/_____, through December 31, 2021.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle.)*
  - ☐ The period covered is January 1, 2021, 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 (must complete) ► *Total number of pages including this cover page:* 2

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **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 (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
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 [redacted]

Date Signed 03/22/2022 (month, day, year) **Signatur** [redacted]

Print Clear

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, LAVEEN, AZ 85339
BUSINESS ACTIVITY, IF ANY, OF SOURCE
CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 16 21	$ 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:

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Willson	Jeffrey	[redacted]

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California Department of Food & Agriculture

Division, Board, Department, District, if applicable
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, **2021**, through December 31, **2021**.
  -or-
  The period covered is ____/____/_____, through December 31, **2021**.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle.)*
  - ☐ The period covered is January 1, **2021**, 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 (must complete) ► *Total number of pages including this cover page:* 1

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
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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 (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
88 Fair Drive	Costa Mesa	CA	92626

DAYTIME TELEPHONE NUMBER [redacted] EMAIL ADDRESS [redacted]

I have used all reasonable diligence in preparing this statement. I have reviewed [redacted] on contained herein and in any attached schedules is true and complete. I acknowledge this [redacted]

I certify under penalty of perjury under the laws of the State of California th[redacted]

Date Signed 02/23/22 *(month, day, year)* **Signa[redacted]**

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

RECEIVED MAR 18 2022

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

OLVERA JENNIFER

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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  - **-or-**
  - The period covered is ____/____/_____, through December 31, **2021.**
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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

([redacted]

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

Date Signed 3/18/2022 *(month, day, year)*

Signature [redacted] *(sign in ink or use your filing official.)*

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
ELDRIDGE	JERRY	[redacted]

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California Department of Food & Agriculture

Division, Board, Department, District, if applicable
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)*

- [x] 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)*

- [x] **Annual:** The period covered is January 1, 2021, through December 31, 2021.
  -or-
  The period covered is ____/____/____, through December 31, 2021.
- [ ] **Assuming Office:** Date assumed ____/____/____
- [ ] **Leaving Office:** Date Left ____/____/____ *(Check one circle.)*
  - [ ] The period covered is January 1, 2021, 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 (must complete) ► *Total number of pages including this cover page:* 2

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- [ ] **Schedule A-2** - *Investments* – schedule attached
- [ ] **Schedule B** - *Real Property* – schedule attached
- [ ] **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- [x] **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 (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
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 [redacted]

Date Signed 02/23/2022 *(month, day, year)*

Signature _____ *(File the original signed statement with your filing official.)*

Print **Clear**

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, LAVEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 16 21	$ 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:

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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)*

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- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle.)*
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  - ☐ The period covered is ____/____/_____, through the date of leaving office.
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4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 2

Schedules attached

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- ☐ **Schedule A-2** - *Investments* – schedule attached
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- ☐ **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 *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
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 Californ [redacted]

Date Signed 3/18/2022 *(month, day, year)*

Print **Clear**

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
JOAN HAMILL

► 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
CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 16 21	$ 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:

Print Clear

Johanna C. Svensson

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Svensson	Johanna	[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)*

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- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one circle.)*
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4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 1

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

5. Verification

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

DAYTIME TELEPHONE NUMBER	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 [redacted]

Date Signed 03/07/2022 *(month, day, year)*

Signature _____ *(with your filing official.)*

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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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
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 _____
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MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
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 th[redacted]

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

Date Signed 2/23/22 (month, day, year) **Sig**[redacted]

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 14 2022

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Richmond	Karen	[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
BUSINESS SERVICES OFFICER I (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)
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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 (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
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 [redacted]

Date Signed 3-10-22 *(month, day, year)*

Signature [redacted]

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 16 2022

Please type or print in ink.

NAME OF FILER (LAST) Holbrook (FIRST) 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
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, 2021, through December 31, 2021.
  -or-
  The period covered is ____/____/_____, through December 31, 2021.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle.)*
  - ☐ The period covered is January 1, 2021, 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 (must complete) ► *Total number of pages including this cover page:* 1

Schedules attached

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5. Verification

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

[redacted]

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

Date Signed 3/14/22 (month, day, year) **Signa** [redacted] filing official.)

Print **Clear**

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FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Vu	Kelly	[redacted]

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

32nd District Agricultural Association

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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5. Verification

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

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
[redacted]	

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I certify under penalty of perjury under the laws of the State of California that the [redacted] t.

Date Signed Mar. 11, 2022 *(month, day, year)*

Signature [redacted] *atement with your filing official.)*

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Karns	Ken	[redacted]

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California Department of Food & Agriculture

Division, Board, Department, District, if applicable
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)*

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88 Fair Drive	Costa Mesa	CA	92626

DAYTIME TELEPHONE NUMBER [redacted] EMAIL ADDRESS

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

Date Signed 3/8/22 *(month, day, year)*

Signature [redacted] *official.)*

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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)
Merati Kimber

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)*

- [x] 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 *(Business or Agency Address Recommended - Public Document)* | CITY | STATE | ZIP CODE
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 [redacted]

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

Date Signed March 18, 2022
(month, day, year)

Signatu [redacted]
ur filing official.)

Print **Clear**

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Kimber Merati

► NAME OF SOURCE *(Not an Acronym)*
Destroy Productions

ADDRESS *(Business Address Acceptable)*
15767 Via Salvado, Valley Center, CA 92082

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Concessions

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/22/21	$100	Newport & Naples Rib
___/___/___	$	
___/___/___	$	

► 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)
___/___/___	$	
___/___/___	$	
___/___/___	$	

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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:

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 18 2022

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Chai	Kimberly	[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
Facility Marketing Representative/ Marketing Coord.

► 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, 2021, through December 31, 2021.
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Schedules attached

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

DAYTIME TELEPHONE NUMBER [redacted] 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 th [redacted]

Date Signed 3/4/22 *(month, day, year)* **Signature** _____

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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Filing Official Use Only

RECEIVED MAR 22 2022

Please type or print in ink.

NAME OF FILER (LAST) Sabunjian (FIRST) Krystle (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
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)
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88 Fair Drive | Costa Mesa | CA | 92626

[redacted]

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I certify under penalty of perjury under the laws of the State of California that t[redacted]true and correct.

Date Signed 3/22/2022 *(month, day, year)*

Signature [redacted] *(For initial or amendment, sign the originally signed paper statement with your filing official.)*

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
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RECEIVED MAR 24 2022

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Keasberry	Linda	[redacted]

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California Department of Food & Agriculture

Division, Board, Department, District, if applicable
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)*

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- ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
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88 Fair Drive	Costa Mesa	CA	92626

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
[redacted]	

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I certify under penalty of perjury under the laws of the State of California tha [redacted]

Date Signed 3/24/2022 *(month, day, year)*

Signatu [redacted]

Print Clear

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Linda Keesberry

► NAME OF SOURCE *(Not an Acronym)*: Carmel Dyer
ADDRESS *(Business Address Acceptable)*: 1403 E. Bay Ave, Newport Bch.
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Concession

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/01/21	$50	gift certificate
12/01/21	$50	gift certificate
___/___/___	$	

► 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)*: Desteen & Troy Stroh
ADDRESS *(Business Address Acceptable)*: 15767 Via Salvador, Valley Ctr.
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Concession

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/23/21	$100	gift certificate
___/___/___	$	
___/___/___	$	

► 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)*: Laguna Hills
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Grounds clean up

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/17/21	$50	gift certificate
12/17/21	$50	gift certificate
___/___/___	$	

► 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:

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
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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
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)
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-or- ☐ ***None*** - *No reportable interests on any schedule*

5. Verification

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

DAYTIME TELEPHONE NUMBER [redacted] 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 [redacted]

Date Signed 3/19/2022 *(month, day, year)*

Signatur [redacted] *official.)*

Print Clear

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
LOVER HERTEL

► 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
CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/16/21	$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:

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 0 8 2022

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, 2021, through December 31, 2021.
  -or-
  The period covered is ____/____/_____, through December 31, 2021.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle.)*
  - ☐ The period covered is January 1, 2021, 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 (must complete) ► *Total number of pages including this cover page:* 1

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **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 *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
88 Fair Drive	Costa Mesa	CA	92626

DAYTIME TELEPHONE NUMBER [redacted] 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 [redacted]

Date Signed 3/2/22 *(month, day, year)*

Signature [redacted] *official.)*

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only
RECEIVED MAR 08 2022

Please type or print in ink.

NAME OF FILER (LAST): Cavazos
(FIRST): Martha
(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
ASSISTANT BOX OFFICE 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, 2021, through December 31, 2021.
  -or-
  The period covered is ____/____/_____, through December 31, 2021.
- [ ] **Assuming Office:** Date assumed ____/____/_____
- [ ] **Leaving Office:** Date Left ____/____/_____ *(Check one circle.)*
  - [ ] The period covered is January 1, 2021, 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 (must complete) ► *Total number of pages including this cover page:* 1

Schedules attached

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [ ] **Schedule A-2** - *Investments* – schedule attached
- [ ] **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 *(Business or Agency Address Recommended - Public Document)*: 88 Fair Drive
CITY: Costa Mesa
STATE: CA
ZIP CODE: 92626

DAYTIME TELEPHONE NUMBER: ([redacted]
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 t[redacted]

Date Signed 2/24/22 *(month, day, year)*

Signature [redacted] *(File[illegible]cial.)*

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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RECEIVED MAR 21, 2022

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
TANG CHI (MAX)

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
FISCAL OFFICER I

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

Agency: _____ Position: _____

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

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

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

- ☐ **Annual:** The period covered is January 1, **2021,** through December 31, **2021.**
  -or-
  The period covered is ____/____/_____, through December 31, **2021.**
- ☒ **Assuming Office:** Date assumed 2 / 7 / 2022
- ☐ **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, **2021**, through the date of leaving office.
  - **-or-**
  - ☐ The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 1

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **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 *(Business or Agency Address Recommended - Public Document)* | CITY | STATE | ZIP CODE
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 3/21/2022 *(month, day, year)*

Signature [redacted] *(File the originally signed paper statement with your filing official.)*

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 28 2022

Please type or print in ink.

NAME OF FILER (LAST) | (FIRST) | (MIDDLE)

RAFIEI | MELAHAT |

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE

Division, Board, Department, District, if applicable

32 nd DISTRIXT AGRICULTIRE ASSOCIATION

Your Position

DIRECTOR, 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)*

- [x] 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)*

- [x] **Annual:** The period covered is January 1, **2021**, through December 31, **2021**.
  -or-
  The period covered is ____/____/_____, through December 31, **2021**.
- [ ] **Assuming Office:** Date assumed ____/____/_____
- [ ] **Leaving Office:** Date Left ____/____/_____ *(Check one circle.)*
  - [ ] The period covered is January 1, **2021**, 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 (must complete) ► *Total number of pages including this cover page:* 2

Schedules attached

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [ ] **Schedule A-2** - *Investments* – schedule attached
- [x] **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

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 th [redacted]

Date Signed 3/1/22 *(month, day, year)*

Signature [redacted] *(your filing official)*

Print Clear

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
MELAHAT RAFIEI

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
6587 E. VIA FRESCO

CITY
ANAHEIM

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

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

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

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

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

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

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

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

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

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

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

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 _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments:

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 0 9 2022

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Richards	Michele	[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
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, **2021,** through December 31, **2021.**
  -or-
  The period covered is ____/____/_____, through December 31, **2021.**
- ☐ **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.
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 1

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **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 *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
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 th [redacted]

Date Signed 3-9-22 *(month, day, year)*

Signatu [redacted]

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 18 2022

Please type or print in ink.

NAME OF FILER (LAST) da Silva (FIRST) Monica [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
Business Services OFFICER I (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, 2021, through December 31, 2021.
  -or-
  The period covered is ____/____/____, through December 31, 2021.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one circle.)*
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  - ☐ The period covered is ____/____/____, through the date of leaving office.
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4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 1

Schedules attached

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

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

5. Verification

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

[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 [redacted]

Date Signed 03-18-22 (month, day, year)

Signature [redacted]

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
(Filing Official Use Only)

RECEIVED MAR 28 2022

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
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)*

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  - **-or-** The period covered is ____/____/____, through December 31, 2021.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one circle.)*
  - ☐ The period covered is January 1, 2021, through the date of leaving office.
  - **-or-** ☐ The period covered is ____/____/____, through the date of leaving office.
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4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 2

Schedules attached

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- ■ **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 (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
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 t[redacted]

Date Signed 3/28/2022 (month, day, year)

Signature [redacted] ficial)

Print **Clear**

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
CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 16 / 21	$ 500	RIDE PASS
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
WINTER FUN FESTIVALS, LLC / NIGHT OF LIGHTS

ADDRESS *(Business Address Acceptable)*
5267 Warner Ave #265, Huntington Beach,CA 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE
DRIVE THRU WINTER HOLIDAY LIGHT EVENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 26 / 21	$ 80	EVENT TICKETS
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
B&L PRODUCTIONS, INC.

ADDRESS *(Business Address Acceptable)*
P.O. Box 290, Kaysville, UT 84037

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CROSSROADS OF THE WEST GUN SHOWS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 25 / 21	$ 90	5 TICKETS
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments:

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 29 2022

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, 2021, through December 31, 2021.
  -or-
  The period covered is ____/____/____, through December 31, 2021.
- [ ] **Assuming Office:** Date assumed ____/____/____
- [ ] **Leaving Office:** Date Left ____/____/____ *(Check one circle.)*
  - ( ) The period covered is January 1, 2021, 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 (must complete) ► *Total number of pages including this cover page:* 4

Schedules attached

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [■] **Schedule A-2** - *Investments* – schedule attached
- [ ] **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 *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
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 t[redacted]

Date Signed 03/29/22 *(month, day, year)*

Signature [redacted] *ng official.)*

Print Clear

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
NEWTON PHAM

▶ 1. BUSINESS ENTITY OR TRUST

Synerg-G, Inc.
Name
11101 Condor Avenue, Fountain Valley, CA
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS
Metal fabrication

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED
__/__/21 DISPOSED

NATURE OF INVESTMENT
☐ Partnership | Sole Proprietorship | LLC Other

YOUR BUSINESS POSITION co-owner

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

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

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

☐ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

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

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

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

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED
__/__/21 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other ____

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

---

▶ 1. BUSINESS ENTITY OR TRUST

Name
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED
__/__/21 DISPOSED

NATURE OF INVESTMENT
☐ Partnership | Sole Proprietorship | ____ Other

YOUR BUSINESS POSITION

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

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

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

☐ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

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

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

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

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED
__/__/21 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold ____ Yrs. remaining ☐ Other ____

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

Comments: ____

Print Clear

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
NEWTON PHAM

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
California Bank & Trust

ADDRESS *(Business Address Acceptable)*
1900 Main Street, Irvine, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Banking

YOUR BUSINESS POSITION
Executive Vice President / Managing Director

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: _____

Print Clear

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
NEWTON PHAM

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/16/21	$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)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments:

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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)
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, 2021, through December 31, 2021.
  -or-
  The period covered is ____/____/_____, through December 31, 2021.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle.)*
  - ☐ The period covered is January 1, 2021, 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 (must complete) ► *Total number of pages including this cover page:* 1

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **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 (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
88 Fair Drive	Costa Mesa	CA	92626

DAYTIME TELEPHONE NUMBER [redacted] 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 [redacted]

Date Signed MARCH 25 2022 *(month, day, year)*

Signature _____ *(sign with your filing official.)*

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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)
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 Agricultural 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, 2021, through December 31, 2021.
  -or-
  The period covered is ___/___/_____, through December 31, 2021.
- ☐ **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, 2021, through the date of leaving office.
  - -or-
  - The period covered is ___/___/_____ through the date of leaving office.

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 2

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **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 (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
88 Fair Drive	Costa Mesa	CA	92626

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(714) 708-1514	NKovacevich@ocfairboard.com

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

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

Date Signed 3/29/22 (mm/dd/yyyy)

Signature _____ (sign in ink)

Print **Clear**

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, LAVEEN, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 16 / 21	$ 500	RIDE PASS
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
WINTER FUN FESTIVALS, LLC / NIGHT OF LIGHTS

ADDRESS *(Business Address Acceptable)*
5267 Warner Ave #265, Huntington Beach CA 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE
DRIVE THRU WINTER HOLIDAY LIGHT EVENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 26 / 21	$ 80	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)
/ /	$	
/ /	$	
/ /	$	

▶ 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:

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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)
Kieler	Nikolas	[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, 2021, through December 31, 2021.
  -or-
  The period covered is ____/____/____, through December 31, 2021.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one circle.)*
  - ☐ The period covered is January 1, 2021, 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 (must complete) ► *Total number of pages including this cover page:* 1

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **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 *(Business or Agency Address Recommended - Public Document)* STREET	CITY	STATE	ZIP CODE
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 [redacted]

Date Signed 03/07/2022 *(month, day, year)*

Signature [redacted]
(File the originally signed paper statement with your filing official.)

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
SANCHEZ	OMAR	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California Department of Food & Agriculture

Division, Board, Department, District, if applicable
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)*

- [x] 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)*

- [x] **Annual:** The period covered is January 1, **2021**, through December 31, **2021**.
  -or-
  The period covered is ____/____/_____, through December 31, **2021**.
- [ ] **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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Schedules attached

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-or- [x] ***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
([redacted]	[redacted]

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

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

Date Signed 3/1/22 *(month, day, year)*

Signature [redacted]

Print **Clear**

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Weir	Rachelle	[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
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, 2021, through December 31, 2021.
  -or-
  The period covered is ____/____/____, through December 31, 2021.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one circle.)*
  - ☐ The period covered is January 1, 2021, 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 (must complete) ► *Total number of pages including this cover page:* 1

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **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 (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
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 th [redacted]

Date Signed 3/02/2022 *(month, day, year)*

Signature _____ *(with your filing official.)*

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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)
Carr	Regail	

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)*

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5. Verification

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88 Fair Drive	Costa Mesa	CA	92626

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
([redacted]	

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

Date Signed 2/24/2022 *(month, day, year)*

Signature _____ *(File the original with the filing official.)*

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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RECEIVED MAR 14 2022

Please type or print in ink.

NAME OF FILER (LAST): Dominguez | (FIRST): Reymundo | (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)*

- [x] State
- [ ] Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
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- [ ] County of _____
- [ ] City of _____
- [ ] Other _____

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5. Verification

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

DA[redacted] | EMAIL ADDRESS

([redacted]

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I certify under penalty of perjury under the laws of the State of California t[redacted]

Date Signed 03/11/2022 (month, day, year) Signa[redacted]

Print Clear

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Reymundo Dominguez

► NAME OF SOURCE *(Not an Acronym)*
LWI

ADDRESS *(Business Address Acceptable)*
21195 Prairie View Lane, Trabuco Canyon CA 92679

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Parking Lot Sweeping/Reuse Pick up

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 0 21	$ 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)
___/___/___	$	
___/___/___	$	
___/___/___	$	

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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)
___/___/___	$	
___/___/___	$	
___/___/___	$	

Comments: _____

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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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
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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- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

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

5. Verification

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

DAYTIME TELEPHONE NUMBER ([redacted]) 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 [redacted]

Date Signed 3/25/22 *(month, day, year)* **Signatur** [redacted]

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only
RECEIVED MAR 14 2022

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 _____

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4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 2

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

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

5. Verification

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

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(714) 708-1514	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 3/14/22 *(month, day, year)*

Sign [redacted]

Print **Clear**

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
CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 16 / 21	$ 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)*
B&L PRODUCTIONS, INC.

ADDRESS *(Business Address Acceptable)*
P.O. Box 290, Kaysville, UT 84037

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CROSSROADS OF THE WEST GUN SHOWS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 25 / 21	$ 54	3 TICKETS
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments:

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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)
Ancona	Roxanne	

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
INFORMATION OFFICER I (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)*

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  -or-
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Schedules attached

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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 *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
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 tha [redacted]

Date Signed March 4, 2022 *(month, day, year)*

Signatu [redacted] *cial.)*

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
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RECEIVED MAR 0 8 2022

Please type or print in ink.

NAME OF FILER (LAST) LAU (FIRST) RUBY (MIDDLE)

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California Department of Food & Agriculture

Account Manager
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)*

- [x] State
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5. Verification

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

[redacted]

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

Date Signed 2/24/2022 *(month, day, year)* Signature _____ *(File the original with your agency's filing official.)*

Print **Clear**

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name LAU, RUBY

► 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
CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 16 21	$ 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)
/ /	$	
/ /	$	
/ /	$	

Comments:

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
CERVANTES	SANDRA	

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

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Agency: _____ Position: _____

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

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

5. Verification

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

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
([redacted]	[redacted]

I have used all reasonable diligence in preparing this statement. I have reviewed this st[redacted]ntained herein and in any attached schedules is true and complete. I acknowledge this is a p[redacted]

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

Date Signed 02/23/2022 (month, day, year) **Signature** [redacted]

Print Clear

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
SANDRA CERVANTES

► 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
CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 16 21	$ 500	RIDE PASS
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
WINTER FUN FESTIVALS, LLC / NIGHT OF LIGHTS

ADDRESS *(Business Address Acceptable)*
5267 Warner Ave #265, Huntington Beach,CA 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE
DRIVE THRU WINTER HOLIDAY LIGHT EVENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 21	$ 80	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)
/ /	$	
/ /	$	
/ /	$	

► 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:

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only
RECEIVED MAR 0 8 2022

Please type or print in ink.

NAME OF FILER (LAST): Anderson
(FIRST): Stephen
(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: 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, 2021, through December 31, 2021.
  -or-
  The period covered is ____/____/____, through December 31, 2021.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one circle.)*
  - ☐ The period covered is January 1, 2021, 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 (must complete) ► *Total number of pages including this cover page:* 1

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **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 (Business or Agency Address Recommended - Public Document) STREET: 88 Fair Drive
CITY: Costa Mesa
STATE: CA
ZIP CODE: 92626

DAYTIME TELEPHONE NUMBER: ([redacted])
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 publi[redacted]

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

Date Signed 2/23/2022 *(month, day, year)*
Signature [redacted]

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 0 8 2022

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Angus	Summer	[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, **2021,** through December 31, **2021.**
  -or-
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- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle.)*
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4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 1

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- ☐ **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 *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
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 th [redacted]

Date Signed 3/8/2022 (month, day, year)

Signatu [redacted] *cial.)*

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

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) Tamoulaan (FIRST) Tanya (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
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, **2021,** through December 31, **2021.**
  -or-
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- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle.)*
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  - ☐ The period covered is ____/____/_____, through the date of leaving office.
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-or- ☑ ***None*** - *No reportable interests on any schedule*

5. Verification

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

88 Fair Drive | Costa Mesa | CA | 92626

[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 t [redacted]

Date Signed 3.23.22 *(month, day, year)* **Signature** [redacted]

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only
RECEIVED MAR 0 8 2022

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Dayton	Teresa	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California Department of Food & Agriculture

Division, Board, Department, District, if applicable
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)*

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  - ☐ The period covered is ____/____/_____, through the date of leaving office.
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- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

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

5. Verification

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

DAYTIME TELEPHONE NUMBER	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 t [redacted]

Date Signed 2/23/2022 *(month, day, year)*

Signature [redacted]

Print **Clear**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only
RECEIVED MAR 18 2022

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
Fairs & Expositions / 32nd District Agriculture Association

Your Position
STAFF SERVICES MANAGER (SUPERVISOR) 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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  -or-
  The period covered is ____/____/_____, through December 31, **2021**.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle.)*
  - ☐ The period covered is January 1, **2021**, 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 (must complete) ► *Total number of pages including this cover page:* 2

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
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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 *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
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 tha [redacted]

Date Signed 3/19/2022 *(month, day, year)*

Signatu [redacted] *official.)*

Print Clear

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
CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/16/21	$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:

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 28 2022

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)*

32nd District Agricultural Association

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, **2021,** through December 31, **2021**.
  -or-
  The period covered is ____/____/_____, through December 31, **2021**.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle.)*
  - ☐ The period covered is January 1, **2021**, 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 (must complete) ► *Total number of pages including this cover page:* 1

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **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 *(Business or Agency Address Recommended - Public Document)* STREET	CITY	STATE	ZIP CODE
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 pu[redacted]

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

Date Signed 3/28/22 *(month, day, year)* **Signature** [redacted]

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED MAR 08 2022

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
DUSI	ESTHER	[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 (Supervisory) II

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

Agency: _____ Position: _____

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

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

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

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  - **-or-** The period covered is _____/_____/_____, through December 31, **2021.**
- ☐ **Assuming Office:** Date assumed _____/_____/_____
- ■ **Leaving Office:** Date Left 12 / 31 / 2021 *(Check one circle.)*
  - ■ The period covered is January 1, **2021,** 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 (must complete) ► *Total number of pages including this cover page:* 2

Schedules attached

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

5. Verification

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

DAYTIME TELEPHONE NUMBER: ([redacted] 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 th [redacted]

Date Signed 3/8/2022 *(month, day, year)* **Signat**

Print Clear

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
ESTHER DUSI

► 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
CARNIVAL OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 16 21	$ 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:

Print Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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DEC 09 2021
By

Please type or print in ink.

NAME OF FILER (LAST) Trasport (FIRST) Leslie (MIDDLE)

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
OC Fair & Event Center - 32nd District Agricultural Association State of California

Division, Board, Department, District, if applicable
32nd District Agricultural Association State of California

Your Position
Exhibit 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, 2020, through December 31, 2020.
  -or-
  The period covered is ____/____/_____, through December 31, 2020.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☑ **Leaving Office:** Date Left 11 / 30 / 2021 *(Check one circle.)*
  - ☑ The period covered is January 1, 2020, 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 (must complete) ▶ *Total number of pages including this cover page:* _____

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **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

DAYTIME TELEPHONE NUMBER
(714) 708-1563

EMAIL ADDRESS
humanresources@ocfair.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 tha[redacted]

Date Signed 12/9/21 *(month, day, year)*

Signatu[redacted]

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