

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 02/27/2021

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Putman Abigail
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural 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, 2020, through
December 31, 2020.

-or-

The period covered is ____/____/____, through
December 31, 2020.☐ **Leaving Office:** Date Left ____/____/____
(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.☐ **Assuming Office:** Date assumed ____/____/____☐ **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 C - Income, Loans, & Business Positions** – schedule attached☐ **Schedule A-2 - Investments** – schedule attached☐ **Schedule D - Income – Gifts** – schedule attached☐ **Schedule B - Real Property** – schedule attached☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached-or- ☒ **None - No reportable interests on any schedule****5. Verification**MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

DAYTIME TELEPHONE NUMBER

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 _____ correct.

Date Signed

2/27/2021

(month, day, year)

Signature

(File the originally signed paper statement with your filing official.)

Print

Clear

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Letua	Al	None

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California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Supervisor (Deputy Manager 1)

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Agency: _____ Position: _____

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I certify under penalty of perjury under the laws of the State of California _____ and correct.

Date Signed

3/8/2021

Sign

(month, day, year)

(signed paper statement with your filing official.)

Print

Clear

**SCHEDULE D
Income – Gifts**

Name

Al Letua

▶ NAME OF SOURCE (Not an Acronym)

Winter Fun Festivals LLC

ADDRESS (Business Address Acceptable)

5267 Warner Ave #265, HB. Ca. 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Event Promoter

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 28 20</u>	<u>71.99</u>	<u>Tickets</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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

Comments: _____

Print**Clear**

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Please type or print in ink.

NAME OF FILER (LAST) Aitken (FIRST) Ashleigh 

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Member, 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, 2020, through
December 31, 2020.

-or-

The period covered is _____ through
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☐ Leaving Office: Date Left _____
(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.

☐ Assuming Office: Date assumed _____

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

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

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

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

5. Verification

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

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

DAYTIME TELEPHONE NUMBER

(714) 708-1514

EMAIL ADDRESS

aaiken@ocfairboard.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and the schedules attached to it and certify that 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 complete.

Date Signed 3/30/2021

(month, day, year)

Signature 

Print

Clear

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Aitken Aitken Cohn

ADDRESS (Business Address Acceptable)

3 MacArthur Place, Suite 800, Santa Ana CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

LAW

YOUR BUSINESS POSITION

Partner

GROSS INCOME RECEIVED

☐ \$500 - \$1,000

☐ \$10,001 - \$100,000

☐ No Income - Business Position Only

☐ \$1,001 - \$10,000

☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary

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

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

☐ Sale of _____

(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or

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

(Describe)

☐ Other _____

(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Aitken Aitken Cohn

ADDRESS (Business Address Acceptable)

3 MacArthur Place, Suite 800, Santa Ana, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

LAW

YOUR BUSINESS POSITION

Of Counsel

GROSS INCOME RECEIVED

☐ \$500 - \$1,000

☐ \$10,001 - \$100,000

☐ No Income - Business Position Only

☐ \$1,001 - \$10,000

☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary

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

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

☐ Sale of _____

(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or

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

(Describe)

☐ Other _____

(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None

☐ Personal residence

☐ Real Property

Street address _____

City _____

☐ Guarantor

☐ Other

(Describe)

Comments: _____

Print

Clear

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 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Reese Audrey
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural 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, 2020, through
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88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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I certify under penalty of perjury under the laws of the State of California that _____ correct.

Date Signed

3/1/2021

(month, day, year)

Signature

(paper statement with your filing official.)

Print

Clear

STATEMENT OF ECONOMIC INTERESTS
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Received 3/29/2021

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bagneris **Barbara**

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Member, Board of Directors

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

Agency: _____ Position: _____

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☒ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
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4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

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

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

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

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

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

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

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

5. Verification

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

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

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Date Signed **3/29/2021**
(month, day, year)

Signature _____
(File the originally signed paper statement with your filing official.)

Print

Clear

SCHEDULE D Income – Gifts

Name

Barbara Bagneris

► NAME OF SOURCE (Not an Acronym)

Winter Fun Festivals LLC

ADDRESS (Business Address Acceptable)

5267 Warner Ave., #265, Huntington Beach, CA 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Event Tickets

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 17 / 20	\$ 71.99	2 tickets Night of Lights
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

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 Gregerson Barbara
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Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Supervisor (Deputy Manager I)

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Agency: _____ Position: _____

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Date Signed

3/5/2021

(month, day, year)

Signature

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 NAME OF FILER (LAST)
 Kulback

 (FIRST)
 Bianca

(MIDDLE)

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Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

Your Position

32nd District Agricultural Association

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Date Signed

3/18/2021

(month, day, year)

Signature

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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

32nd District Agricultural Association

Your Position

Deputy Manager I

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

Agency: _____ Position: _____

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☐ Multi-County _____

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The period covered is _____, through
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-or-

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

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

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

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

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

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

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

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

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

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

5. Verification

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

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

PHONE TELEPHONE NUMBER

EMAIL ADDRESS

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

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

Date Signed 3-1-21
(month, day, year)

Signature [REDACTED]
(Print Name)

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
Fed Ex

GENERAL DESCRIPTION OF THIS BUSINESS
Package Delivery

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

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

IF APPLICABLE, LIST DATE:
01/07/20 / /20
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
NVIDIA

GENERAL DESCRIPTION OF THIS BUSINESS
Chip Maker - Computers

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

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

IF APPLICABLE, LIST DATE:
01/07/20 / /20
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Microsoft

GENERAL DESCRIPTION OF THIS BUSINESS
Computer Software

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

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

IF APPLICABLE, LIST DATE:
01/07/20 / /20
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:
 / /20 / /20
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

IF APPLICABLE, LIST DATE:
 / /20 / /20
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

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

IF APPLICABLE, LIST DATE:
 / /20 / /20
 ACQUIRED DISPOSED

Comments:

Print

Clear

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Carol Singleton</u>

► NAME OF SOURCE (Not an Acronym)
Winter Fun Festival, LLC
 ADDRESS (Business Address Acceptable)
5267 Warner Ave. #265
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Huntington Beach, CA 92649

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02/30/20</u>	<u>\$ 71.99</u>	<u>Ticket to show</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME 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: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Received 03/08/2021

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
GUNST CHRISTINE**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural 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, 2020, through
December 31, 2020.

-or-

The period covered is ____/____/____, through
December 31, 2020.☐ **Leaving Office:** Date Left ____/____/____
(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.☐ **Assuming Office:** Date assumed ____/____/____☐ **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 C - Income, Loans, & Business Positions** – schedule attached☐ **Schedule A-2 - Investments** – schedule attached☐ **Schedule D - Income – Gifts** – schedule attached☐ **Schedule B - Real Property** – schedule attached☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached-or- ☒ **None - No reportable interests on any schedule****5. Verification**MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

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

3/8/2021

(month, day, year)

Signature

(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

Please type or print in ink.

 NAME OF FILER (LAST)
 Johner

 (FIRST)
 Claudia

(MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Business Services Assistant

► 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
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(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.☐ **Assuming Office:** Date assumed ____/____/____☐ **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 C - Income, Loans, & Business Positions** – schedule attached☐ **Schedule A-2 - Investments** – schedule attached☒ **Schedule D - Income – Gifts** – schedule attached☐ **Schedule B - Real Property** – schedule attached☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached-or- ☐ **None - No reportable interests on any schedule****5. Verification**MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

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

3/2/2021

(month, day, year)

Signature

(File the originally signed paper statement with your filing official.)

Print

Clear

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
Claudia Johenr**SCHEDULE D
Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)

Winter Fun Festivals

ADDRESS (Business Address Acceptable)

5267 Warner Ave.#265, Huntington Beach, CA 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Night of Lights Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/29/2020	71.99	Admission Ticket
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

Print

Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**
A PUBLIC DOCUMENTDate Initial Filing Received
Filing Official Use Only

Received 3/10/2021

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Staff Services 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, 2020, through
December 31, 2020.

-or-

The period covered is ____/____/____, through
December 31, 2020.☐ **Leaving Office:** Date Left ____/____/____
(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.☐ **Assuming Office:** Date assumed ____/____/____☐ **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 C - Income, Loans, & Business Positions** – schedule attached☐ **Schedule A-2 - Investments** – schedule attached☐ **Schedule D - Income – Gifts** – schedule attached☐ **Schedule B - Real Property** – schedule attached☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached-or- ☐ **None - No reportable interests on any schedule****5. Verification**MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

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 3/10/2021
(month, day, year)

Signature

(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 3/11/2021

Please type or print in ink.

NAME (LAST) [REDACTED]	(FIRST) Daniel	(MIDDLE) Gaines
----------------------------------	--------------------------	---------------------------

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural 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, 2020, through December 31, 2020. | ☐ Leaving Office: Date Left ____/____/_____
(Check one circle.) |
| -or- The period covered is ____/____/_____, through December 31, 2020. | ☐ The period covered is January 1, 2020, through the date of leaving office. |
| ☐ Assuming Office: Date assumed ____/____/_____ | -or- ☐ The period covered is ____/____/_____, through the date of leaving office. |
| ☐ Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

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

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

-or- ☒ None - No reportable interests on any schedule
5. Verification

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

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

 Date Signed 3/11/2021
 (month, day, year)

Signature [REDACTED] (print with your filing official.)

Print

Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Received 3/1/2021

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Lassiter	Dean	none

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

DM-1 Deputy Manager I

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

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☐ City of _____☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2020, through
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-or-

The period covered is ____/____/____, through
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-or-

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(Business or Agency Address Recommended - Public Document)

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

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

Date Signed 3/1/2021
(month, day, year)

Signature

(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

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Don Michiko De Guzman
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural 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, 2020, through
December 31, 2020.☐ **Leaving Office:** Date Left ____/____/_____
(Check one circle.)

-or-

The period covered is ____/____/_____, through
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leaving office.

-or-

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88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

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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

3/3/2021

(month, day, year)

Signature

(Filing official.)

Print

Clear

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Member, 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, 2020, through
December 31, 2020.

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

-or-

The period covered is ____/____/____ through
December 31, 2020.

☐ The period covered is January 1, 2020, through the date of
leaving office.

-or-

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

☐ Assuming Office: Date assumed ____/____/____

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

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

Schedules attached

☒ Schedule A-1 - Investments - schedule attached

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

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

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

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

5. Verification

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

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

DAYTIME TELEPHONE NUMBER

(714) 708-1514

EMAIL ADDRESS

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

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

Date Signed

3/23/21
(month, day, year)

Signature

(File the originally signed paper statement with your filing official.)

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
AMERISOURCE BERGEN

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:
3 / 25 / 20 / / 20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CALATLANTIC GROUP/LENNAR

GENERAL DESCRIPTION OF THIS BUSINESS
CAPITAL GOOD/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:
3 / 25 / 20 / / 20
 ACQUIRED 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:
 / / 20 / / 20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
WALT DISNEY HOLDINGS

GENERAL DESCRIPTION OF THIS BUSINESS
THEME PARK/ENTERTAINMENT

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

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

IF APPLICABLE, LIST DATE:
 / / 20 / / 20
 ACQUIRED 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:
 / / 20 / / 20
 ACQUIRED 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:
 / / 20 / / 20
 ACQUIRED 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

DOUGLAS LA BELLE

▶ NAME OF BUSINESS ENTITY
COCA COLA COMPANY

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:
 / / 20 / / 20
 ACQUIRED 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:
 / / 20 / / 20
 ACQUIRED 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:
 / / 20 3 / 13 / 20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
BANK OF AMERICA

GENERAL DESCRIPTION OF THIS BUSINESS
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:
 / / 20 / / 20
 ACQUIRED 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:
 / / 20 / / 20
 ACQUIRED 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:
 / / 20 / / 20
 ACQUIRED 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

DOUGLAS LA BELLE

▶ NAME OF BUSINESS ENTITY

CISCO SYSTEMS

GENERAL DESCRIPTION OF THIS BUSINESS

Computer systems/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:

3 / 25 / 20 / / / 20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

PHILLIPS 66

GENERAL DESCRIPTION OF THIS BUSINESS

OIL AND GAS OPERATIONS

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

/ / / 20 3 / 13 / 20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

HYATT HOTELS

GENERAL DESCRIPTION OF THIS BUSINESS

HOTELS/MOTELS

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

/ / / 20 / / / 20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

VODAPHONE

GENERAL DESCRIPTION OF THIS BUSINESS

GLOBAL COMMUNICATION SYSTEMS

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

3 / 25 / 20 / / / 20
 ACQUIRED 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:

/ / / 20 / / / 20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

UNION PACIFIC RR

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:

1 / 16 / 20 / / / 20
 ACQUIRED 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

DOUGLAS 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:
3 / 25 / 20 _____ / _____ / 20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
MONDELEZ INTERNATIONAL, INC.

GENERAL DESCRIPTION OF THIS BUSINESS
FOOD PROCESSING

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 20 _____ / _____ / 20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
MANULIFE FINANCIAL SERVICES

GENERAL DESCRIPTION OF THIS BUSINESS
FINANCIAL SERVICES/INSURANCE

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 20 3 / 13 / 20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
WENDYS 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:
 _____ / _____ / 20 _____ / _____ / 20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
HOME DEPOT

GENERAL DESCRIPTION OF THIS BUSINESS
RETAIL HOME IMPROVEMENT

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

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

IF APPLICABLE, LIST DATE:
 _____ / _____ / 20 _____ / _____ / 20
 ACQUIRED 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:
 _____ / _____ / 20 _____ / _____ / 20
 ACQUIRED 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

DOUGLAS LA BELLE

▶ NAME OF BUSINESS ENTITY

BOEING COMPANY

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:

 _____/_____/20 _____/_____/20
 ACQUIRED 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:

 _____/_____/20 3/13/20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL ELECTRIC

GENERAL DESCRIPTION OF THIS BUSINESS

MISCELLANEOUS 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:

 _____/_____/20 _____/_____/20
 ACQUIRED 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:

 9/25/20 _____/_____/20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

MICROSOFT CORPORATION

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:

 _____/_____/20 _____/_____/20
 ACQUIRED 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:

 _____/_____/20 _____/_____/20
 ACQUIRED DISPOSED

Comments:

Purchased Shares of Boeing on 4-20-2020 and 8-10-2020

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
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:
 / / 20 / / 20
 ACQUIRED 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:
1 / 6 / 20 3 / 13 / 20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
AMAZON

GENERAL DESCRIPTION OF THIS BUSINESS
CONSUMER 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:
 / / 20 3 / 13 / 20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
NORWEGIAN CRUISE LINES

GENERAL DESCRIPTION OF THIS BUSINESS
CRUISE LONE

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

NATURE OF 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 / 6 / 20 5 / 11 / 20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
UNITED AIRLINES

GENERAL DESCRIPTION OF THIS BUSINESS
Airline

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

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

IF APPLICABLE, LIST DATE:
1 / 6 / 20 5 / 11 / 20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
SMITH KLINE

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:
 / / 20 7 / 13 / 20
 ACQUIRED 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

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:
 _____/_____/20 _____/_____/20
 ACQUIRED 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:
 _____/_____/20 _____/_____/20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
APPLE INC.

GENERAL DESCRIPTION OF THIS BUSINESS
PHONE/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:
 _____/_____/20 _____/_____/20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CATERPILLAR, INC.

GENERAL DESCRIPTION OF THIS BUSINESS
INDUSTRIAL MACHINERY

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

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

IF APPLICABLE, LIST DATE:
 _____/_____/20 _____/_____/20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
DUKE ENERGY CORPORATION

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:
 _____/_____/20 _____/_____/20
 ACQUIRED 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:
 _____/_____/20 _____/_____/20
 ACQUIRED DISPOSED

Comments: APPLE 4/1 STOCK SPLIT 8-28-20. PURCHASED SHARES ON 8-31-20 & 9-18-20

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

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:

3 / 25 / 20
ACQUIRED 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:

/ / 20
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

ALASKA AIRLINES

GENERAL DESCRIPTION OF THIS BUSINESS

AIRLINE

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

/ / 20
ACQUIRED 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:

3 / 25 / 20
ACQUIRED 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:

/ / 20
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

SOUTHWEST AIRLINES

GENERAL DESCRIPTION OF THIS BUSINESS

AIRLINE

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

/ / 20
ACQUIRED 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

DOUGLAS LA BELLE

▶ 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:
 _____/_____/20 _____/_____/20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
DELTA AIRLINES

GENERAL DESCRIPTION OF THIS BUSINESS
AIRLINE

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

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

IF APPLICABLE, LIST DATE:
 _____/_____/20 _____/_____/20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
GENERAL MOTORSCORPORATION

GENERAL DESCRIPTION OF THIS BUSINESS
AUTOMOBILE 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:
 2/25/20 _____/_____/20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
GENERAL MILLS

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:
 _____/_____/20 _____/_____/20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
LITHIA MOTORS

GENERAL DESCRIPTION OF THIS BUSINESS
AUTOMOBILE FRANCHISE

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

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

IF APPLICABLE, LIST DATE:
 _____/_____/20 _____/_____/20
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
VISA

GENERAL DESCRIPTION OF THIS BUSINESS
CREDIT CARD 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:
 _____/_____/20 _____/_____/20
 ACQUIRED DISPOSED

Comments: Purchased shares of Visa on 5-11 & 5-12-2020

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

CARNIVAL CRUISE LINES

GENERAL DESCRIPTION OF THIS BUSINESS

CRUISE 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:

1 / 6 / 20 3 / 9 / 20
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

ROYAL CARIBBEAN CRUISE LINES

GENERAL DESCRIPTION OF THIS BUSINESS

CRUISE 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:

1 / 6 / 20 3 / 9 / 20
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

DUKE ENERGY

GENERAL DESCRIPTION OF THIS BUSINESS

POWER COMPANY/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:

/ / 20 / / 20
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

EVERSOURCE ENERGY CORP

GENERAL DESCRIPTION OF THIS BUSINESS

UTILITY COMPANY

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

/ / 20 3 / 5 / 20
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

/ / 20 / / 20
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

/ / 20 / / 20
ACQUIRED DISPOSED

Comments:

Print

Clear

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
DOUGLAS 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:
_____/_____/20 ACQUIRED ____/_____/20 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:
_____/_____/20 ACQUIRED ____/_____/20 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: I have listed my personal residence due to it's proximity yo the OC Fair & Event

Print

Clear

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

DOUGLAS LA BELLE

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

AMERISOURCE BERGEN

ADDRESS (Business Address Acceptable)

1300 Morri's Drive, chesterbrook, PA 19087-5594

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 75202-4206

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

Douglas LaBelle

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

MICROSOFT CORPORATION

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

AT&T

ADDRESS (Business Address Acceptable)

208 S. Akard Street, Dallas, TX 75202-4206

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)

DUPLICATE 8/28

▶ 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
Douglas La Belle

▶ NAME OF SOURCE (Not an Acronym)
BOYS REPUBLIC

ADDRESS (Business Address Acceptable)
1907 Boys Republic Drive, Chino Hills, CA 91709

BUSINESS ACTIVITY, IF ANY, OF SOURCE
GROUP HOME OPERATOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/1/20</u>	<u>\$ 18.95</u>	<u>HOLIDAY WREATH</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
WINTER FUN FESTIVALS LLC

ADDRESS (Business Address Acceptable)
5267 Warner Avenue, #265, HB 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE
NIGHT OF LIGHTS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/17/20</u>	<u>\$ 71.99</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION**STATEMENT OF ECONOMIC INTERESTS**
COVER PAGE
A PUBLIC DOCUMENTDate Initial Filing Received
Filing Official Use Only

Received 03/01/2021

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gonzalez Edward**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Operations Supervisor-Security

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

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)☐ State☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☐ City of _____☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2020, through
December 31, 2020.☐ **Leaving Office:** Date Left ____/____/_____
(Check one circle.)

-or-

The period covered is ____/____/_____, through
December 31, 2020.☐ The period covered is January 1, 2020, through the date of
leaving office.

-or-

☐ **Assuming Office:** Date assumed ____/____/____☐ The period covered is ____/____/_____, through
the date of leaving office.☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1****Schedules attached**☐ **Schedule A-1 - Investments** – schedule attached☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached☐ **Schedule A-2 - Investments** – schedule attached☐ **Schedule D - Income – Gifts** – schedule attached☐ **Schedule B - Real Property** – schedule attached☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached-or- ☒ **None - No reportable interests on any schedule****5. Verification**MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

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

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

Date Signed

3/1/2021

(month, day, year)

Signature

(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

Please type or print in ink.

NAME OF FILER (LAST)
Dusi(FIRST)
Esther

(MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural 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)**☒ **Annual:** The period covered is January 1, 2020, through
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-or-

The period covered is ____/____/____, through
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(Business or Agency Address Recommended - Public Document)

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

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Date Signed

3/5/2021

(month, day, year)

Signature

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 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Nunez	Evelyn	n/a

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural 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
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Date Signed

3/15/2021

(month, day, year)

Signature

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STATEMENT OF ECONOMIC INTERESTS
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 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Young Evy
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Supervisor (Deputy Manager I)

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

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
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88 Fair Drive

CITY

Costa Mesa

STATE

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92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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

Date Signed 3/5/2021
(month, day, year)Signed by:
Signature Evy YoungD870AC17866E468
(File the originally signed paper statement with your filing official.)

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Clear

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
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 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Leary Frances
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Facility Coordinator

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

Agency: _____ Position: _____

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Date Signed

3/1/2021

(month, day, year)

Signature

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Print

Clear

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Sandler Howard**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural 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
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88 Fair Drive

CITY

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Date Signed

3/4/2021

(month, day, year)

Signature

(File the originally signed paper statement with your filing official.)

Print

Clear

Name

Howard Sandler

**SCHEDULE D
Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)

Winter Fun Festivals LLC

ADDRESS (Business Address Acceptable)

5267 Warner Ave., #265 Huntington Beach, CA 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Night of Lights Drive-Thru Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/09/2020	71.99	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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME 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

STATEMENT OF ECONOMIC INTERESTS
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 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Jacobsen Jason
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

Your Position

32nd District Agricultural Association

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

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☐ City of _____☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2020, through
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 MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 88 Fair Drive Costa Mesa CA 92626

 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.

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Date Signed 3/8/2021

(month, day, year)

Signature

(with your filing official.)

Print

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 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 willson Jeffrey
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Deputy Manager I

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Agency: _____ Position: _____

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88 Fair Drive

CITY

Costa Mesa

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Date Signed 3/1/2021

(month, day, year)

Signature

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Print

Clear

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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

32nd District Agricultural 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
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Date Signed 3/2/2021
(month, day, year)Signature _____
(Sign in blue ink or black ink. Do not use a stamp or seal.)

Print

Clear

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COVER PAGE
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Filing Official Use Only

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
ELDRIDGE JERALD [REDACTED]**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

FACILITY DIRECTOR

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Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
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Date Signed

3/1/2021

(month, day, year)

Signature

(File the originally signed paper statement with your filing official.)

Print

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 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

32nd District Agricultural Association

Your Position

 Career Executive Assignment (CEA)
 Chief Business Development Officer

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

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
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Date Signed

3/26/2021

(month, day, year)

Signature

(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

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Svensson Johanna
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural 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, 2020, through
December 31, 2020.

-or-

The period covered is ____/____/____, through
December 31, 2020.☐ **Leaving Office:** Date Left ____/____/____
(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.☐ **Assuming Office:** Date assumed ____/____/____☐ **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 C - Income, Loans, & Business Positions** – schedule attached☐ **Schedule A-2 - Investments** – schedule attached☐ **Schedule D - Income – Gifts** – schedule attached☐ **Schedule B - Real Property** – schedule attached☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached-or- ☒ **None - No reportable interests on any schedule****5. Verification**MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

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

3/1/2021

(month, day, year)

Signature

(with your filing official.)

Print

Clear

CALIFORNIA FORM 700
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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

32nd District Agricultural 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, 2020, through
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Date Signed

3/9/2021

(month, day, year)

Signature

(signed paper statement with your filing official.)

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 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Richmond Karen
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Purchasing Specialist

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

Agency: _____ Position: _____

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(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
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Date Signed

3/2/2021

(month, day, year)

Signature

(File the originally signed paper statement with your filing official.)

Print

Clear

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
Karen  Richmond**SCHEDULE D
Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)

Winter Fun Festivals, LLC

ADDRESS (Business Address Acceptable)

5267 Warner Ave, #265 HB, CA 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Events

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/09/2021	71.99	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**

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received 03/05/2021

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Holbrook Keith
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Supervisor (Deputy Manager I)

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

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☐ City of _____☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2020, through
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88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

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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

3/5/2021

(month, day, year)

Signature

(Print the original signed paper statement with your filing official.)

Print

Clear

Name
Keith Holbrook**SCHEDULE D**
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)

Winter Fun Festivals LLC

ADDRESS (Business Address Acceptable)

5267 Warner ave, hb , ca, 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Event Pmotor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/30/2020	71.99	Ticket
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

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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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Received 03/08/2021

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Vu Kelly**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural 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, 2020, through
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(Business or Agency Address Recommended - Public Document)

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

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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

3/8/2021

(month, day, year)

Signature

(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 03/01/2021

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

32nd District Agricultural Association

Your Position

Career Executive Assignment

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

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☐ City of _____☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2020, through
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Costa Mesa

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Date Signed 3/1/2021
(month, day, year)Signature [REDACTED]
(File the originally signed paper statement with your filing official.)

Print

Clear

Name

Ken Karns

SCHEDULE D Income – Gifts

► NAME OF SOURCE (Not an Acronym)

Ray Cammack Shows

ADDRESS (Business Address Acceptable)

PO Box 10 Laveen, AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Carnival Provider

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 20 / 20	\$ 75.00	Dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

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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____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

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 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

32nd District Agricultural Association

Your Position

Event Coordinator

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Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(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
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Date Signed

2/26/2021

(month, day, year)

Signature

(signed paper statement with your filing official.)

Print

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 NAME OF FILER (LAST)
 Chai

 (FIRST)
 Kimberly
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Facility Marketing Representative

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

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☐ City of _____☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2020, through
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Date Signed 3/1/2021
(month, day, year)Signature _____
(Type or print name and title of filer, and date of filing. Attach paper statement with your filing official.)

Print

Clear

Name
Kimberly Chai**SCHEDULE D**
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)

Winter Fun Festivals LLC / Night of Lights

ADDRESS (Business Address Acceptable)

5267 Warner Ave., #265, HB, CA 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Night of Lights Drive-Thru

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/27/2020	119.99	Ticket - promo code
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME 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

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

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)
 SABUNJIAN KRYSTLE
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural 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, 2020, through
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-or-

The period covered is ____/____/____, through
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(Business or Agency Address Recommended - Public Document)

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

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

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

Date Signed

3/5/2021

(month, day, year)

Signature

(File 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 03/01/2021

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NAME OF FILER (LAST)
Trasport(FIRST)
Leslie

(MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Exhibits and Education Design 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
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3/1/2021

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Clear

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 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Keasberry Linda
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural 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
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88 Fair Drive

CITY

Costa Mesa

STATE

CA

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Date Signed

3/3/2021

(month, day, year)

Signature

(Sign and date this 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)
 HERTEL LOVE
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural 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, 2020, through
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Date Signed

3/18/2021

(month, day, year)

Signature

(Sign and date on separate paper statement with your filing official.)

Print

Clear

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Filing Official Use Only

Received 03/01/2021

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NAME OF FILER (LAST)
Torres(FIRST)
Marie**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

Your Position

32nd District Agricultural Association

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

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
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Costa Mesa

STATE

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

Date Signed 3/1/2021
(month, day, year)Signature _____
(File the originally signed paper statement with your filing official.)

Print

Clear

Name

Marie Torres

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)

Winter Fun Festivals LLC

ADDRESS (Business Address Acceptable)

5267 Warner Ave., #265, HB, CA 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Event Promoter

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/9/2020	71.99	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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
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▶ NAME OF SOURCE (Not an Acronym)

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

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____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
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▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

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STATEMENT OF ECONOMIC INTERESTS
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 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Cavazos Martha
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural 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, 2020, through
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88 Fair Drive

CITY

Costa Mesa

STATE

CA

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Date Signed

3/5/2021

(month, day, year)

Signature

(Sign and date statement with your filing official.)

Print

Clear

Name

Martha Cavzos

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)

Winter Fun Festivals LLC

ADDRESS (Business Address Acceptable)

5267 Warner Ave., #265, HB, CA 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Night of Lights Drive-Thru Light Show

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/28/2020	71.99	Tickets
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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____/____/____	\$ _____	_____
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____/____/____	\$ _____	_____
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Comments: _____

Print

Clear

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
 Michele Richards

<p>▶ NAME OF SOURCE (Not an Acronym)</p> <p>Ray Cammack Shows</p> <p>ADDRESS (Business Address Acceptable)</p> <p>PO Box 10 Laveen, AZ 85339</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>Carnival Provider</p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>01/20/20</td> <td>\$75.00</td> <td>Dinner</td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	01/20/20	\$75.00	Dinner	/ /	\$		/ /	\$		<p>▶ NAME OF SOURCE (Not an Acronym)</p> <p>ADDRESS (Business Address Acceptable)</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	/ /	\$		/ /	\$		/ /	\$	
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Comments: _____

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 FAIR POLITICAL PRACTICES COMMISSION

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 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 da Silva Monica
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Business Service Officer 1 (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
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December 31, 2020.

-or-

The period covered is ____/____/____, through
December 31, 2020.☐ **Leaving Office:** Date Left ____/____/____
(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.☐ **Assuming Office:** Date assumed ____/____/____☐ **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 C - Income, Loans, & Business Positions** – schedule attached☐ **Schedule A-2 - Investments** – schedule attached☐ **Schedule D - Income – Gifts** – schedule attached☐ **Schedule B - Real Property** – schedule attached☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached-or- ☒ **None - No reportable interests on any schedule****5. Verification**
 MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 88 Fair Drive Costa Mesa CA 92626

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

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

 Date Signed 3/5/2021
 (month, day, year)

 Signature
 (Filing Official Use Only)

Print

Clear

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

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)
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

32nd District Agricultural Association

Your Position

Member, 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, 2020, through
December 31, 2020.

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

-or-

The period covered is _____ through
December 31, 2020.

☐ The period covered is January 1, 2020, through the date of
leaving office.

-or-

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

☐ Assuming Office: Date assumed _____

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

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

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

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

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

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

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)
88 Fair Drive Costa Mesa CA 92626

DAYTIME TELEPHONE NUMBER

(714) 708-1514

EMAIL ADDRESS

nrubalcava-garcia@ocfair board.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

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

Date Signed March 29, 2021

(month, day, year)

Signature

Print

Clear

SCHEDULE D

Income – Gifts

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name _____

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 21 / 21	\$ 71.99	Nights of Lights
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME 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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

Your Position

32nd District Agricultural Association

Member, 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, 2020, through
December 31, 2020.

-or-

The period covered is / / , through
December 31, 2020.

☐ **Leaving Office:** Date Left / /
(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.

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

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

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

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

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

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

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

5. Verification

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

CITY

STATE

ZIP CODE

88 Fair Drive

Costa Mesa

CA

92626

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(714) 708-1514

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

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

Date Signed

4/5/21
(month, day, year)

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 _____

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	IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999	____/____/20 ____/____/20
☐ \$2,000 - \$10,000	ACQUIRED DISPOSED
☒ \$10,001 - \$100,000	
☐ \$100,001 - \$1,000,000	
☐ Over \$1,000,000	

NATURE OF INVESTMENT
☒ Partnership ☐ Sole Proprietorship ☐ Other _____

YOUR BUSINESS POSITION Partner

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

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

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

☐ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000	____/____/20 ____/____/20
☐ \$10,001 - \$100,000	ACQUIRED DISPOSED
☐ \$100,001 - \$1,000,000	
☐ Over \$1,000,000	

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

Prometheus Digital Ventures

Name
716 Contessa, Irvine, CA 92620

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999	____/____/20 ____/____/20
☐ \$2,000 - \$10,000	ACQUIRED DISPOSED
☒ \$10,001 - \$100,000	
☐ \$100,001 - \$1,000,000	
☐ Over \$1,000,000	

NATURE OF INVESTMENT
☒ Partnership ☐ Sole Proprietorship ☐ Other _____

YOUR BUSINESS POSITION Partner

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

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

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

☐ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000	____/____/20 ____/____/20
☐ \$10,001 - \$100,000	ACQUIRED DISPOSED
☐ \$100,001 - \$1,000,000	
☐ Over \$1,000,000	

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 B
Interests in Real Property
(Including Rental Income)

Name _____

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

17052 Avenida Suenos

CITY

Fountain Valley, CA

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/20 ____/____/20
ACQUIRED 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:

____/____/20 ____/____/20
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____ ☐ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

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

☐ None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

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

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

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

☐ Guarantor, if applicable

Comments: _____

Print

Clear

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME Zions Bancorporation, N.A. dba California Bank & Tru	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) 1900 Main Street, Irvine, CA	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION Senior Vice President	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED ☐ No Income - Business Position Only ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$10,001 - \$100,000 ☒ OVER \$100,000	GROSS INCOME RECEIVED ☐ No Income - Business Position Only ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$10,001 - \$100,000 ☐ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED ☒ Salary ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) ☐ Sale of _____ (Real property, car, boat, etc.) ☐ Loan repayment ☐ Commission or ☐ Rental Income, list each source of \$10,000 or more _____ (Describe) ☐ Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED ☐ Salary ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) ☐ Sale of _____ (Real property, car, boat, etc.) ☐ Loan repayment ☐ Commission or ☐ Rental Income, list each source of \$10,000 or more _____ (Describe) ☐ Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

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

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

Please type or print in ink.

 NAME OF FILER (LAST)
 Buffa

 (FIRST)
 Nicholas
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural 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, 2020, through
December 31, 2020.

-or-

The period covered is ____/____/____, through
December 31, 2020.☐ **Leaving Office:** Date Left ____/____/____
(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.☐ **Assuming Office:** Date assumed ____/____/____☐ **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 C - Income, Loans, & Business Positions** – schedule attached☐ **Schedule A-2 - Investments** – schedule attached☐ **Schedule D - Income – Gifts** – schedule attached☐ **Schedule B - Real Property** – schedule attached☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached-or- ☒ **None - No reportable interests on any schedule****5. Verification**MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

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 _____ and correct.

Date Signed

3/9/2021

(month, day, year)

Signature

(signed paper statement with your filing official.)

Print

Clear

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Received 03/26/2021

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) [REDACTED]
Kovacevich Nicholas

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Member, 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, 2020, through
December 31, 2020.

-or-

The period covered is ____/____/____, through
December 31, 2020.

☐ **Leaving Office:** Date Left ____/____/____
(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.

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

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

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

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

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

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

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

5. Verification

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

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

DAYTIME TELEPHONE NUMBER

(714) 708-1514

EMAIL ADDRESS

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 statement is true and complete.

I certify under penalty of perjury under the laws of the State of California that this statement is true and complete.

Date Signed 3/25/2021

(month, day, year)

Signature

(statement with your filing official.)

Print

Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Received 03/08/2021

Please type or print in ink.

NAME OF FILER (LAST)
Kieler(FIRST)
Nikolas

(MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural 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, 2020, through
December 31, 2020.

-or-

The period covered is ____/____/____, through
December 31, 2020.☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)☐ The period covered is January 1, 2020, through the date of
leaving office.

-or-

☐ The period covered is ____/____/____, through
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(Business or Agency Address Recommended - Public Document)

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

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

I certify under penalty of perjury under the laws of the State of California that _____ correct.

Date Signed 3/8/2021
(month, day, year)Signature _____
(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

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
OMAR SANCHEZ**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

DEPUTY MANAGER 1

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

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☐ City of _____☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2020, through
December 31, 2020.

-or-

The period covered is ____/____/____, through
December 31, 2020.☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)☐ The period covered is January 1, 2020, through the date of
leaving office.

-or-

☐ The period covered is ____/____/____, through
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(Business or Agency Address Recommended - Public Document)

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

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

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

Date Signed

3/2/2021

(month, day, year)

Signature

(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

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Weir Rachelle
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Deputy Manager 1

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

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☐ City of _____☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2020, through
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-or-

The period covered is ____/____/____, through
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(Check one circle.)☐ The period covered is January 1, 2020, through the date of
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(Business or Agency Address Recommended - Public Document)

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

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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

3/8/2021

(month, day, year)

Signature

(File the originally signed paper statement with your filing official.)

Print

Clear

CALIFORNIA FORM 700
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STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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 Filing Official Use Only

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

32nd District Agricultural Association

Your Position

Parking Operations 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
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88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

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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

3/1/2021

(month, day, year)

Signature

(signed paper statement with your filing official.)

Print

Clear

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
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 Date Initial Filing Received
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 Received 03/03/2021

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Dominguez Reymundo
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

(DMI) 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, 2020, through
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88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

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

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

Date Signed

3/3/2021

(month, day, year)

Signature

(statement with your filing official.)

Print

Clear

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
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 Received 03/03/2021

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 CASTAGNOLI ROBERT
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural 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
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88 Fair Drive

CITY

Costa Mesa

STATE

CA

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92626

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

Date Signed

3/3/2021

(month, day, year)

Signature

(your filing official.)

Print

Clear

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

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Member, 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, 2020.

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(Check one circle.)

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leaving office.

-or-

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

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

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

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

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

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

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

5. Verification

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

88 Fair Drive

CITY
Costa Mesa

STATE
CA

ZIP CODE
92626

DAYTIME TELEPHONE NUMBER
(714) 708-1514

EMAIL ADDRESS

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

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

Date Signed 3-30-21
(month, day, year)

Sign

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 03/05/2021

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Ancona	Roxanne	n/a

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

Your Position

32nd District Agricultural Association

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

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
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(Business or Agency Address Recommended - Public Document)

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

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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

3/5/2021

(month, day, year)

Signature

(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 DOCUMENTDate Initial Filing Received
Filing Official Use Only

Received 03/01/2021

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
LAU RUBY**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

(DIRECTOR OF MARKETING) Account Manager

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

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☐ City of _____☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2020, through
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88 Fair Drive

CITY

Costa Mesa

STATE

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92626

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

Date Signed

2/26/2021

(month, day, year)

Signature

(electronically signed paper statement with your filing official.)

Print

Clear

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

RUBY LAU

**SCHEDULE D
Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)

Winter Fun Festivals LLC

ADDRESS (Business Address Acceptable)

5267 Warner Ave, Huntington Beach, CA 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Event Promoter - Night of Lights Drive-thru event

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

Dec 2020 \$71.99 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)

 \$ \$ \$

▶ NAME 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

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

Date Initial Filing Received
Filing Official Use Only

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Member, 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, 2020, through
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☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)

-or-

The period covered is ____/____/____, through
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☐ The period covered is January 1, 2020, through the date of
leaving office.

-or-

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

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

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

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

Schedules attached

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

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

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

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

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

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

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

5. Verification

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

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

DAYTIME TELEPHONE NUMBER

(714) 708-1514

EMAIL ADDRESS

SCERVANTES@OCFAIRBOARD.COM

I have used all reasonable diligence in preparing this statement. I have reviewed this statement
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

03/05/2021
(month, day, year)

Signature

Print

Clear

SCHEDULE D
Income – Gifts

Name _____

► NAME OF SOURCE (Not an Acronym)
Ray Cammack Shows

ADDRESS (Business Address Acceptable)
P.O. Box 10 Laveen AZ 85339

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CARNIVAL PROVIDER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01/20/2020</u>	<u>\$ 75.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)
WINTER FUN FESTIVALS LLC

ADDRESS (Business Address Acceptable)
5267 Warner Ave #265 HB CA 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/18/2020</u>	<u>\$ 71.99</u>	<u>1 TICKET</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

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<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

Print

Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**
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Filing Official Use Only

Received 03/01/2021

Please type or print in ink.

NAME OF FILER (LAST)
Diaz(FIRST)
Shannon

(MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Exhibits and Education Administration
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
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-or-

The period covered is ____/____/____, through
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leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.☐ **Assuming Office:** Date assumed ____/____/____☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1****Schedules attached**☐ **Schedule A-1 - Investments** – schedule attached☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached☐ **Schedule A-2 - Investments** – schedule attached☐ **Schedule D - Income – Gifts** – schedule attached☐ **Schedule B - Real Property** – schedule attached☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached-or- ☒ **None - No reportable interests on any schedule****5. Verification**MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

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

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

Date Signed

3/1/2021

(month, day, year)

Signed

(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

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Anderson Stephen
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural 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, 2020, through
December 31, 2020.

-or-

The period covered is ____/____/____, through
December 31, 2020.☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)☐ The period covered is January 1, 2020, through the date of
leaving office.

-or-

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88 Fair Drive

CITY

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herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed

3/8/2021

(month, day, year)

Signature

(Filing official.)

Print

Clear

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION**STATEMENT OF ECONOMIC INTERESTS**
COVER PAGE
A PUBLIC DOCUMENTDate Initial Filing Received
Filing Official Use Only

Received 02/26/2021

Please type or print in ink.

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

32nd District Agricultural 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, 2020, through
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88 Fair Drive

CITY

Costa Mesa

STATE

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ZIP CODE

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

Date Signed

2/26/2021

(month, day, year)

Signature

(Print the original signed paper statement with your filing official.)

Print

Clear

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Summer Angus

**SCHEDULE D
Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)

Winter Fun Festivals LLC

ADDRESS (Business Address Acceptable)

5267 Warner Ave., #265, HB, CA 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Night of Lights Drive-Thru Light Show

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/28/2020	71.99	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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME 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

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural 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, 2020, through
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The period covered is ____/____/____, through
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(Check one circle.)☐ The period covered is January 1, 2020, through the date of
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-or-

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(Business or Agency Address Recommended - Public Document)

88 Fair Drive

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

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

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

Date Signed 3/5/2021
(month, day, year)Signature
(Sign in blue ink or use a blue e-signature. Do not sign over a signature of another person.)

Print

Clear

Name
_____**SCHEDULE D
Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)

Winter Fun Festivals, LLC

ADDRESS (Business Address Acceptable)

5267 Warner Ave., #265, HB, CA 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Night of Lights

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/23/2020	71.99	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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME 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

Name
Dayton, Teresa**SCHEDULE D
Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)

Winter Fun Festivals LLC

ADDRESS (Business Address Acceptable)

5267 Warner Ave., #265, HB, CA 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Event Promoter

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/29/2020	71.99	Night of Lights 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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME 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**Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Received 03/03/2021

Please type or print in ink.

NAME OF FILER (LAST)
Moore(FIRST)
Terry**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

Your Position

32nd District Agricultural Association

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

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☐ City of _____☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2020, through
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The period covered is ____/____/____, through
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88 Fair Drive

CITY

Costa Mesa

STATE

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I certify under penalty of perjury under the laws of the State of California that _____ is correct.

Date Signed

3/3/2021

Signature

(month, day, year)

per statement with your filing official.)

Print

Clear

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 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
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 Filing Official Use Only

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Hollman Thane
1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Food & Agriculture

Division, Board, Department, District, if applicable

32nd District Agricultural Association

Your Position

Guest Experience 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
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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

3/4/2021

(month, day, year)

Signature

(File the originally signed paper statement with your filing official.)

Print

Clear

Name

Thane Hollman

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)

Winter Fun Festival, LLC

ADDRESS (Business Address Acceptable)

5267 Warner Ave # 265 HB CA 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Event Promoter

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/09/2020	71.99	Night OF Lights
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME 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)

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

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

Comments: _____

Print

Clear