Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name

California Department of Agriculture

Division, Department, or Region *(if applicable)*

Fairs & Expositions / 32nd District Agriculture Association

Designated Agency Contact *(Name, Title)*

James Canfield, Chief Executive Officer

Area Code/Phone Number	E-mail
714-708-1500	OCFExec@ocfair.com

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Date of Original Filing: _____ *(month, day, year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ■ No ☐

Face Value of Each Ticket/Pass $ 20.00

Event Description: Off Road Expo *Provide Title/ Explanation*

Date(s) 10 / 04 / 26 ____/____/____

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: Bonnier, LLC *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ■

If yes: _____ *Official's Name (Last, First)*

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
Bagneris, Barbara	4	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* (Policy 5.07.02.E.iii.B) The official job duties of the OCFE
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	James Canfield	CEO	11/20/26

EC26_04

Comment: EC26_04

Print Clear

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Date of Original Filing: _____ *(month, day, year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ■ No ☐

Face Value of Each Ticket/Pass $ 30.00

Event Description: Costa Mesa Speedway *Provide Title/ Explanation*

Date(s) 10/10/26 _____/_____/_____

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: _____ *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ■

If yes: _____ *Official's Name (Last, First)*

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
OCFEC Staff	2	Economic or business development purposes on behalf of OCFEC…(Policy 5.07.02.E.iii.c)

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	James Canfield	CEO	11/20/26

EC26_05

Comment: _____

Print **Clear**

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1. Agency Name

California Department of Agriculture

Division, Department, or Region *(if applicable)*

Fairs & Expositions / 32nd District Agriculture Association

Designated Agency Contact *(Name,Title)*

James Canfield, Chief Executive Officer

Area Code/Phone Number	E-mail
714-708-1500	OCFExec@ocfair.com

Date Stamp

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Date of Original Filing: _____ *(month, day, year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ■ No ☐

Face Value of Each Ticket/Pass $ 11.00

Event Description: The Great Junk Hunt *Provide Title/ Explanation*

Date(s) 11/14/26 ____/____/____

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: _____ *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ■

If yes: _____ *Official's Name (Last, First)*

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Sanchez Cannady, Martha	2	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* (Policy 5.07.02.E.iii.B) The official job duties of the OCFE
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	James Canfield	CEO	11/20/26

EC26_06

Comment: _____

Print Clear