California Form

If Amendment - Date of Original Filing (Month, Day, Year)

| | | 7/29/2024 | | | | | | | |
|------------------------------------------------|-----------------------------------|-----------------------------------------------|------------------------|----------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------|------------------------------------------------|----|--|
| 1. Agency Na | me | 37th District Agricult | ural Associat | ion | | | | | |
| Division, Dept. or (If Applicable) | Region | | | | | Area Code/Phone Number | | | |
| Designated Agen (Name, Title) | cy Contact | Caitlin Miller, CEO | | | | Email | officemail@santamariafairpark.com | | |
| I have read and | understand FPF | C Regulations 18944.1 a | nd 18942. I have | verified that the a | listribution set forth, is in a | ccordance with the r | equirements. | | |
| Signature of Ager Designee | ncy Head or | | Cait | lin Miller | | Print Name | Caitlin Miller | | |
| Title | | CEO | | | | Month, Day, Year | 7/29/2024 | | |
| 2. Function of | r Event Inform | ation | | | | | | | |
| Does the agency have ticket policy (Y/N) | Face Value of each Ticket/Pass | Event Description (Provide Title/Explanation) | Event Date(s) | Ticket(s)/Pass(es) provided by Agency? (Y/N) | If no, list Name of Source | Was ticket distribution made at the behest of agency official? (Y/N) | If yes, list Name of Official (Last, First) | | |
| No | \$30, \$30, \$15 | 5 Strawberry Festival 4/26-28/24 Yes No | | | | | | | |
| 3. Recipients (Use Section A to | identify the agency's | s department or unit. Use Sec | ction B to identify ar | n individual. Use Secti | on C to identify an outside organ | ization.) | | | |
| | | A. | | | B. | | Name of Outside | C. | |

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| | A. | | B. | | | | C. | | |
|------------------------------------|-------------------------------|------------------------------------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------|
| Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy | Name of Individual (Last, First) | Number of Ticket(s)/ Pass(es) | Identify one of the following: (Ceremonial Role, Other, or Income) | Description of "Ceremonial Role" or "Other" | Name of Outside Organization (Include address and description) | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | | Merill, Kevin | Parking 1 | Ceremonial Role | Board Member | | | |
| | | | Merill, Kevin | Badge 1 | Ceremonial Role | Board Member | | | |
| | | | Merill, Kevin | Single Day 12 | Other | Promotional | | | |
| | | | Ventura, Todd | Parking 1 | Ceremonial Role | Board Member | | | |
| | | | Ventura, Todd | Badge 1 | Ceremonial Role | Board Member | | | |
| | | | Ventura, Todd | Single Day 12 | Other | Promotional | | | |
| | | | Guerra, Aly | Parking 1 | Ceremonial Role | Board Member | | | |
| | | | Guerra, Aly | Badge 1 | Ceremonial Role | Board Member | | | |
| | | | Guerra, Aly | Single Day 12 | Other | Promotional | | | |
| | | | Jones, Randy | Parking 1 | Ceremonial Role | Board Member | | | |
| | | | Jones, Randy | Badge 1 | Ceremonial Role | Board Member | | | |
| | | | Jones, Randy | Single Day 12 | Other | Promotional | | | |
| | | | McGray, Cheryl | Parking 1 | Ceremonial Role | Board Member | | | |
| | | | McGray, Cheryl | Badge 1 | Ceremonial Role | Board Member | | | |
| | | | McGray, Cheryl | Single Day 12 | Other | Promotional | | | |
| | | | Estrada, Brenda | Parking 1 | Ceremonial Role | Board Member | | | |
| | | | Estrada, Brenda | Badge 1 | Ceremonial Role | Board Member | | | |

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If Amendment - Date of Original Filing (Month, Day, Year)

7/29/2024

A Public Document

37th District Agricultural Association

1. Agency Name

| Division, Dept. o | or Region | | | | | | Area Code/Phone Number | 80592 | | | |
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| Designated Age (Name, Title) | ncy Contact | r, CEO | | | | | Email | officemail@santamariafairpark.com | | | |
| | | PC Regulations | 18944.1 a | nd 18942. I have | verified that the | distribution | set forth, is in ac | cordance with the r | equirements. | | |
| Signature of Agency Head or Designee Cai | | | | | lin Miller | | | Print Name | Caitlin Miller | | |
| Title CEO | | | | | | | | Month, Day, Year | 7/29/2024 | | |
| 2. Function of | or Event Inform | ation | | | | | | | | | I |
| Does the agency have ticket policy (Y/N) | Face Value of each Ticket/Pass | The state of the s | | Event Date(s) | Ticket(s)/Pass(es) provided by Agency? (Y/N) | If no, list I | Name of Source | Was ticket distribution made at the behest of agency official? (Y/N) | If yes, list Name of Official (Last, First) | | |
| No | \$30, \$30, \$15 | Strawberry | Festival | 4/26-28/24 | Yes | | | No | | | |
| 3. Recipients (Use Section A to | identify the agency | s department or u | nit. Use Se | ction B to identify an | individual. Use Sec | ction C to identif | <u> </u> | zation.) | <u> </u> | | |
| | | A. | | | | | B. | | | C. | |
| Number of Name of Agency, Department or Unit Ticket(s)/ Pass(es | | | Describe the public purpose made pursuant to the agency's policy | | Name of Individual (Last, First) | Number of Ticket(s)/ Pass(es) | Identify one of the following: (Ceremonial Role, Other, or Income) | Description of "Ceremonial Role" or "Other" | Name of Outside Organization (Include address and description) | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | | | | Estrada, Brenda | Single Day 12 | Other | Promotional | | | |
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| California Form 802 |
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If Amendment - Date of Original Filing (Month, Day, Year)

7/29/2024

A Public Document

| 1. Agency Name | | 37th District Agricultural Association | | | | | | | | | | | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------|------------------------|----------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------|--|--|
| Division, Dept. o | or Region | | | | | | Area Code/Phone Number | 805925882 | | | | | |
| Designated Ager (Name, Title) | ncy Contact | Caitlin Mille | r, CEO | | | | Email | officemail@sa | <u>ntamariafair</u> | park.com | | | |
| I have read and | d understand FPF | PC Regulations | 18944.1 a | nd 18942. I have | verified that the | distribution | set forth, is in ac | cordance with the r | equirements. | | | | |
| Signature of Age Designee | ency Head or | | | Caít | lín Míller | | - | Print Name | Caitlin Miller | | | | |
| Title CEO | | | | | | | | Month, Day, Year | 7/29/2024 | | | | |
| 2. Function of | or Event Inform | ation | | | | | | | | | | | |
| Does the agency have ticket policy (Y/N) | Face Value of each Ticket/Pass | | | | Ticket(s)/Pass(es) provided by Agency? (Y/N) | If no, list Name of Source | | Was ticket distribution made at the behest of agency official? (Y/N) | If yes, list Name of Official (Last, First) | | | | |
| No | \$30, \$30, \$15 | Strawberry | Festival | 4/26-28/24 | Yes | | | No | , | , | | | |
| 3. Recipients (Use Section A to | | s department or u | nit. Use Se | ction B to identify an | individual. Use Sec | ction C to identi | iy an outside organiz | zation.) | | C. | | | |
| Name of Agency, | Number of Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy | | | | Name of Individual (Last, First) | Number of Ticket(s)/ Pass(es) | Identify one of the following: (Ceremonial Role, Other, or Income) | Description of "Ceremonial Role" or "Other" | Name of Outside Organization (Include address and description) | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy | | |
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California Form 802

If Amendment - Date of Original Filing (Month, Day, Year)

7/29/2024

A Public Document

37th District Agricultural Association

1. Agency Name

| Division, Dept. or Region If Applicable) | | | | | | | | Area Code/Phone Number | | | | |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------|--|
| Designated Agency Contact (Name, Title) Caitlin Miller, CEO | | | | | | | | Email | officemail@santamariafairpark.com | | | |
| I have read and | d understand FPF | PC Regulations | 18944.1 aı | nd 18942. I have | verified that the | distribution s | set forth, is in ac | cordance with the r | equirements. | | | |
| Signature of Agency Head or Designee Caitl | | | | | lin Miller | | | Print Name | Caitlin Miller | | | |
| Title CEO | | | | | Month, Day, Year 7/29/2024 | | | | | | | |
| 2. Function or Event Information | | | | | | | | | | | | |
| Does the agency have ticket policy (Y/N) | Face Value of each Ticket/Pass | Event Description (Provide Title/Explanation) Event Date(s) | | Ticket(s)/Pass(es) provided by Agency? (Y/N) | If no, list Name of Source | | Was ticket distribution made at the behest of agency official? (Y/N) | If yes, list Name of Official (Last, First) | | | | |
| No | \$30, \$30, \$15 | Strawberry I | | 4/26-28/24 | Yes | , | | No | | , | | |
| 3. Recipients (Use Section A to | 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. B. C. | | | | | | | | | | | |
| Name of Agency, Department or Unit | | Number of Ticket(s)/ Pass(es) | 2000 ino pasilo parpoco mado | | Name of Individual (Last, First) | Number of Ticket(s)/ Pass(es) | Identify one of the following: (Ceremonial Role, Other, or Income) | Description of "Ceremonial Role" or "Other" | Name of Outside Organization (Include address and description) | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy | |
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