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

A Public Document

1. Agency Name

California Department of Food & Agriculture

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

Fairs & Expositions / 21A District Agricultural Association

Designated Agency Contact *(Name, Title)*

Barbara Leah, CEO

Area Code/Phone Number	E-mail
559-674-8511	barbara@maderafair.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 $ 15.00

Event Description: 2026 Madera Fair Gate Admission *Provide Title/ Explanation* Date(s) 09/10/2026 09/13/2026

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:
Board of Director, Rosanne Bonilla	48	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Perform Official duties as District Official
Baord of Director, Billie Jelks-Hood	48	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Perform Official duties as District Official

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	Barbara Leach Print Name	CEO Title	10/4/2026 *(month, day, year)*

Comment: _____

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Continuation Sheet

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Agency Name

California Department of Food & Agriculture

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B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
Board of Director, Isabel Barreras	48	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Perform Official duties as District Official
Board of Director, Lois Leonard	48	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Perform Official duties as District Official
Board of Director, Patty Manfredi	48	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Perform Official duties as District Official
Board of Director, Skip Petitt	48	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Perform Official duties as District Official

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Agency Name

3. Recipients

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B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Board of Director, Sheryl Sisil	48	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Perform Official duties as District Official
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		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

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