California Form 802

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

A Public Document

27-Jul-23

| 1. Agency Name | 7th District Agricultural Assocation | | | | | | |
|--|---|---------------------------|-----------------------------------|--|--|--|--|
| Division, Dept. or Region (If Applicable) | | Area Code/Phone Number | 805-925-8824 | | | | |
| Designated Agency Contact (Name, Title) | Caitlin Miller Chief Execuative Officer | Email | officemail@santamariafairpark.com | | | | |

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

| Signature of Agency Head or Designee | Caitlin Miller | Print Name | Caitlin Miller |
|---|--------------------------|------------------|----------------|
| Title | Chief Execuitive Officer | Month, Day, Year | 7/27/2023 |

| 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, \$15, \$40 | Santa Maria Valley Strawberry Festival | April 28-30, 2023 | Yes | | No | | | | |

3. Recipients

| Α. | | | В. | | | | С. | | |
|------------------------------------|----------------------------------|---|-------------------------------------|-------------------------------------|---|---|---|----------------------------------|--|
| 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 mad pursuant to the agency's policy |
| | | | Estrada, Brenda | 1 parking | Ceremonial Role | Board Member | | | |
| | | | Estrada, Brenda | 12 single day | Other | Promotional | | | |
| | | | Estrada, Brenda | 3 carnival | Other | Personal | | | |
| | | | Jones, Randy | 1 parking | Ceremonial Role | Board Member | | | |
| | | | Jones, Randy | 12 single day | Other | Promotional | | | |
| | | | McGray, Cheryl | 1 parking | Ceremonial Role | Board Member | | | |
| | | | McGray, Cheryl | 12 single day | Other | Promotional | | | |
| | | | McGray, Cheryl | 2 carnival | Other | Personal | | | |
| | | | Merill, Kevin | 1 parking | Ceremonial Role | Board Member | | | |
| | | | Merill, Kevin | 12 single day | Other | Promotional | | | |
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| Division, Dept. or Region (If Applicable) | | Area Code/Phone Number | 805-925-8824 | | | | |
| Designated Agency Contact (Name, Title) | Caitlin Miller Chief Execuative Officer | Email | officemail@santamariafairpark.com | | | | |

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| Signature of Agency Head or Designee | Caitlin Miller | Print Name | Caitlin Miller |
|---|--------------------------|------------------|----------------|
| Title | Chief Execuitive Officer | Month, Day, Year | 7/27/2023 |

| 2. Function or Event Information | | | | | | | | | | |
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| 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, \$15, \$40 | Santa Maria Valley Strawberry Festival | April 28-30, 2023 | Yes | | No | | | | |

3. Recipients

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|--|---|---------------------------|-----------------------------------|--|--|--|--|
| Division, Dept. or Region (If Applicable) | | Area Code/Phone Number | 805-925-8824 | | | | |
| Designated Agency Contact (Name, Title) | Caitlin Miller Chief Execuative Officer | Email | officemail@santamariafairpark.com | | | | |

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| Signature of Agency Head or Designee | Caitlin Miller | Print Name | Caitlin Miller |
|---|--------------------------|------------------|----------------|
| Title | Chief Execuitive Officer | Month, Day, Year | 7/27/2023 |

| 2. Function or Event Information | | | | | | | | | | |
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| 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, \$15, \$40 | Santa Maria Valley Strawberry Festival | April 28-30, 2023 | Yes | | No | | | | |

3. Recipients

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

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27-Jul-23

| 1. Agency Name | 37th District Agricultural Assocation | | |
|---|---|---------------------------|-----------------------------------|
| Division, Dept. or Region (If Applicable) | | Area Code/Phone Number | 805-925-8824 |
| Designated Agency Contact (Name, Title) | Caitlin Miller Chief Execuative Officer | Email | officemail@santamariafairpark.com |

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

| Signature of Agency Head or Designee | Caitlin Miller | Print Name | Caitlin Miller |
|---|--------------------------|------------------|----------------|
| Title | Chief Execuitive Officer | Month, Day, Year | 7/27/2023 |

| 2. Function or Event Information | | | | | | | | |
|--|-----------------------------------|--|----------------------|--|----------------------------|--|--|--|
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| No | \$30, \$15, \$40 | Santa Maria Valley Strawberry Festival | April 28-30, 2023 | Yes | | No | | |

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|------------------------------------|----------------------------------|---|-------------------------------------|-------------------------------------|---|---|---|----------------------------------|---|
| 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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