1.	Agency Name				Date Stamp	California On 2
	31st District Agricultural Ass				Form OU4	
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	California Department of Fo	od & Agriculture				
	<b>Designated Agency Contact</b>	Name, Title)				
	Barbara Quaid, CEO				Amandmant (14t	Land Control Control
	Area Code/Phone Number	E-mail			Amendment (Must P	rovide Explanation in Part 3.)
	805-648-3376	bquaid@venturaco	untyfair.org		Date of Original Filing:	(month, day, year)
						(month, day, year)
2.	Function or Event Infor					13.00
	Does the agency have a tick	ket policy? Yes I			Each Ticket/Pass \$	13.00
	Event Description: 2022 Ver	ntura County Fair	C	Date(s)	, 03 , 2022	08 , 14 , 2022
		Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	No ☐ If	no:	No. of Co.	
	Was ticket distribution made	at the behast			Name of Source	
	Was ticket distribution made of agency official?	at the penest Yes	■ No 🔲 🖐	y = 0.	Barbara Official's Name (Last, First)	
	or agency official?					
3.	Recipients					
	Use Section A to identify the agen-	cy's department or unit. •	al. Use Section C to identif	y an outside organization.		
	A. Name of Agency, Depa		Number of Ticket(s)/	1		suant to the agency's policy
			Passes			
				<b></b>		
			No.			
	B. Name of Indiv		Number of Ticket(s)/		Identify one of the fo	ollowing:
	(Last, Firs	7	Passes			
	Prodhuny Michael		40	1	onial Role Other Other on "Other" des	
	Bradbury, Michael		40		-	
	<del></del>			201.07 Pron	notion of Fair; Director	S
				E .	onial Role Other O	Income
				If checki	ing "Ceremonial Role" or "Other" des	cribe delow:
		****				
	C. Name of Outside Or		Number of Ticket(s)/	Describe the	public purpose made purs	uant to the agency's policy
	(include address and	uescription)	Passes		-	
١. ً	Verification					
	I have read and understand FPF with the requirements.	PC Regulations 18944.	1 and 18942. I	have verified th	nat the distribution set fo	rth above, is in accordance
,	Barber D. 1	Barbara Quaid	1	CEO		August 25, 2022
	Signature of Agency Head or Designe		nt Name		Title	(month, day, year)
	J				nuc	(monus, day, year)
	Comment:					

1. Agen	ıcy Name				Date Stamp	California OOO
31st [	District Agricultural Ass	sociation				Form 804
Division	on, Department, or Reg	ion (if applicable)			1	For Official Use Only
Califo	rnia Department of Fo	od & Agriculture				
	nated Agency Contact (	•			1	
Barba	ra Quaid, CEO				<b>—</b>	
****	ode/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
805-6	48-3376	bquaid@venturaco	untyfair.org		Date of Original Filing:	(month, day, year)
2. Func	tion or Event Infor	mation				
Does	the agency have a tick	ket policy? Yes	■ No□ F	ace Value of I	Each Ticket/Pass \$ _	13.00
	Description: 2022 Ve				, 03 , 2022	08 , 14 , 2022
Event	Description:	Provide Title/ Expla	nation	pate(s)/		
Ticket	(s)/Pass(es) provided			f no:		
					Name of Source	
	icket distribution made	at the behest Yes	■ No□ <sup>If</sup>	f yes: Quaid, E	Official's Name (Last, First)	
of ag	ency official?				Omeiai & Name (Last, 1 list)	
Poo	ipients					
	spients Section A to identify the agen	cy's department or unit •	Use Section R to i	dentify an individu	ial Also Section C+o iden+	fu an outrido organization
	zecasi i to identity the agen	cy 3 department of unit.	Number	uentny an muividu	iai. Use section C to identi	ry arroutside organization.
A.	Name of Agency, Depa	rtment or Unit	of Ticket(s)/	Describe the	e public purpose made pu	rsuant to the agency's policy
Milwania			Passes			
			Number			
B.	Name of Indiv (Last, Firs		of Ticket(s)/		Identify one of the	following:
*	(Lasi, Flis	· 4	Passes			7
Corn	nejo, Leslie		27		onial Role Other Ling "Ceremonial Role" or "Other" de	
					notion of Fair; Directo	
<del></del>						
				3	onial Role Other Cing "Ceremonial Role" or "Other" de	
				,, 3,1000		authority
			Number			
C.	Name of Outside Or (include address and		of Ticket(s)/	Describe the	public purpose made pur	suant to the agency's policy
4			Passes			
. Verific	cation					
I have g	ead and understand FPF	PC Regulations 18944.	.1 and 18942. I	have verified th	hat the distribution set fo	orth above, is in accordance
with the	requirements.					
× a	rbasa Vuai.	Barbara Quai	d	CEO		August 25, 2022
Signat	ture of Agency Head or Designe	e Pr	int Name		Title	(month, day, year)
Comm	ont:					
COLLILL	IGHL,					

1. Agency Name				Date Stamp	California OOO
31st District Agricultural Ass	sociation				Form 802
Division, Department, or Reg					For Official Use Only
California Department of Fo	od & Agriculture				
Designated Agency Contact	•	***************************************			
Barbara Quaid, CEO					
Area Code/Phone Number	E-mail	·····		Amendment (Must P	rovide Explanation in Part 3.)
805-648-3376	bquaid@venturacc	ountyfair.org		Date of Original Filing:	(month, day, year)
2. Function or Event Infor	mation				
Does the agency have a tick		■ No □ F	ace Value of I	Each Ticket/Pass \$	13.00
				•	
Event Description: 2022 Ve	Provide Title/ Expla	[	Date(s)/	, 03 , 2022	
Ticket(s)/Pass(es) provided			f no:		
, , , , , ,	, , , , ,			Name of Source	
Was ticket distribution made	at the behest Yes	No □ If	f yes: Quaid, E	Sarbara Official's Name (Last, First)	
of agency official?				Omoars Name (Last, FIFSt)	
Recipients     Use Section A to identify the agen     Name of Agency, Depa		Use Section B to id			y an outside organization.  suant to the agency's policy
/ \ \		Passes	Describe tile	- pasio puipose made puis	suant to the agency's policy
B. Name of Indi (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
Cuevas, Cecilia		40	If checki	onial Role Other Onial Role or "Other" des no "Ceremonial Role" or "Other" des notion of Fair; Director	cribe below:
			1	onial Role Other on "Other ong "Ceremonial Role" or "Other" desi	Income   cribe below:
C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
. Verification					
I have read and understand FPF with the requirements.	A			aat the distribution set for	
Surbusa Juail	Barbara Quai		CEO		August 25, 2022
Signature of Agency Head or Designe	e Pr	int Name		Title	(month, day, year)
Comment:					

A 1	n.,	ᆸ	:_	n -			4
A	ru	DI	IC	UC	CU	me	101

	eremonial Role Events and Ticket	Pass Distr	ibutions		A Public Document		
١.	Agency Name			Date Stamp	California Form 802		
	31st District Agricultural Association  Division, Department, or Region (if applicable)				For Official Use Only		
	California Department of Food & Agriculture  Designated Agency Contact (Name, Title)						
	Barbara Quaid, CEO						
	Area Code/Phone Number   E-mail			Amendment (Must Provide Explanation in Part 3.)			
	805-648-3376 bquaid@venturad	countyfair.org		Date of Original Filing	g: (month, day, year)		
2.	Function or Event Information						
	Does the agency have a ticket policy?	s No 🗆	Face Value of	Each Ticket/Pass \$ .	13.00		
	Event Description: 2022 Ventura County Fair		Date(s)	03 , 2022	08 , 14 , 2022		
	Provide Title/ Exp	olanation					
	ricket(s)/r ass(es) provided by agency:			Name of Source			
	Was ticket distribution made at the behest Yes	s No 🗆 🖠	f yes: Quaid, I	Official's Name (Last, Firs	st)		
	of agency official?						
3.	Recipients • Use Section A to identify the agency's department or unit.	• Use Section B to	identify an individu	al. Use Section C to ider	ntify an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy		
		1	1				
	B. Name of Individual	Number of Ticket(s)/		Identify one of the	e followina:		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	e following:		
		of Ticket(s)/	If check	Identify one of the onial Role Other on "Ceremonial Role" or "Other" notion of Fair; Direct	Income C		
	(Last, First)	of Ticket(s)/ Passes	201.07 Pror	onial Role Other	Income Constitutions Income In		
	(Last, First)	of Ticket(s)/ Passes	If check 201.07 Pror	onial Role Other ing "Ceremonial Role" or "Other" notion of Fair; Direct onial Role Other ng "Ceremonial Role" or "Other"	Income Constitutions Income In		
	(Last, First)  Lacayo, Leah  Name of Outside Organization	of Ticket(s)/ Passes 13 Number of Ticket(s)/	If check 201.07 Pror	onial Role Other ing "Ceremonial Role" or "Other" notion of Fair; Direct onial Role Other ng "Ceremonial Role" or "Other"	Income Codescribe below:  Income Codescribe below:		
	(Last, First)  Lacayo, Leah  Name of Outside Organization	of Ticket(s)/ Passes 13 Number of Ticket(s)/	If check 201.07 Pror	onial Role Other ing "Ceremonial Role" or "Other" notion of Fair; Direct onial Role Other ng "Ceremonial Role" or "Other"	income [  describe below:  tors  Income [  describe below:		
1	(Last, First)  Lacayo, Leah  C. Name of Outside Organization (include address and description)  Verification  I have read and understand FPPC Regulations 1894	of Ticket(s)/ Passes  13  Number of Ticket(s)/ Passes	201.07 Pror	onial Role Other ing "Ceremonial Role" or "Other" notion of Fair; Direct onial Role Other ong "Ceremonial Role" or "Other" e public purpose made po	Income contact tors Income contact tors Income contact to the agency's policy		
1	(Last, First)  Lacayo, Leah  C. Name of Outside Organization (include address and description)  Verification	of Ticket(s)/ Passes  13  Number of Ticket(s)/ Passes	201.07 Pror	onial Role Other ing "Ceremonial Role" or "Other" notion of Fair; Direct onial Role Other ong "Ceremonial Role" or "Other" e public purpose made po	Income contact tors Income contact tors Income contact to the agency's policy		

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	Agency Name				Date Stamp	California 802
	31st District Agricultural Ass					Form OUZ For Official Use Only
	Division, Department, or Reg					For Official Use Only
	California Department of Fo	•				
E	Designated Agency Contact	(Name, Title)			]	
E	Barbara Quaid, CEO				Amendment (Must	Provide Explanation in Part 3.)
Ā	Area Code/Phone Number	E-mail				Trovido Explanation III alt 6.)
8	305-648-3376	bquaid@venturaco	untyfair.org		Date of Original Filing	: (month, day, year)
2. 1	Function or Event Infor	l mation				(monus, day, your)
	Does the agency have a tick		No ☐ F	ace Value of i	Each Ticket/Pass \$ _	13.00
					·	
E	Event Description: 2022 Ve	Provide Title/ Expla	[	Date(s)	032022	
7	Ficket(s)/Pass(es) provided			f no:		
,	ricket(s)/r ass(es) provided	by agency: Yes			Name of Source	
٧	Was ticket distribution made	at the behest Yes	No Cl	f yes: Quaid, E	Barbara  Official's Name (Last, First)	
	of agency official?	700	140		Official's Name (Last, First)	
<b>.</b>	Recipients					
	Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	dentify an individu	ial. Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
			Number			
	B. Name of India (Last, Firs		of Ticket(s)/		Identify one of the	following:
	(Last, Fils	iy .	Passes			
	Lang Daniel		24	1	onial Role  Other  Other  Other  Other  Other  Other  Other  Other  Other	<del>-</del>
	Long, Daniel		31			
_				201.07 Pron	notion of Fair; Directo	ors
				Cerem	onial Role Other	Income
				If check	ing "Ceremonial Role" or "Other" d	escribe below:
	C Name of Outside Or	ganization	Number of Ticket(s)/	Describe the	nublic nurnose made nu	rsuant to the agency's policy
	(include address and	description)	Passes	Describe the	s public purpose made pu	radant to the agency's policy
				}		
-						
1/	/erification					
		70.0	4	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
11 √w	have lead and understand FPI rith the requirements. A	-c Regulations 18944	л and 18942. I	nave verified ti	nat the distribution set f	ortn above, is in accordance
\ \"	D. 1. 1) · 1	Parhana Our		050		A A OF AAAA
$\times$	rupura Guard	Barbara Quai		CEO	***************************************	August 25, 2022
/	Signature of Agency Head or Designe	ee Pr	int Name		Title	(month, day, year)
(	Comment:					
-						

Α	P	uŀ	٦l	i	_	ח	^	<u>_</u>	m	Δ	n	1
_						ட	ŧ,				1 1	

	Agency Name				Date Stamp	California OOO
	31st District Agricultural Ass	sociation			'	Form 804
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	California Department of Fo	od & Agriculture				
	Designated Agency Contact	(Name, Title)				
	Barbara Quaid, CEO				Amendment (Must Pr	nuido Evalanation in Bort 3.)
	Area Code/Phone Number	E-mail			Amendment (Wast Fr	омие Ехріанацоп ін Рап З.)
	805-648-3376	bquaid@venturacc	ountyfair.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes	No 🗆 📑	Face Value of	Each Ticket/Pass \$	13.00
	Event Description: 2022 Ve				, 03 , 2022	08 , 14 , 2022
	Event Description:	Provide Title/ Expla	anation	Jate(s)		
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No□ I	f no:	Name of Source	
	<b>387</b> (* 1 ( )* ( )* ( ) ( )			f yes: Quaid, I	Name of Source Barbara	
	Was ticket distribution made	at the behest Yes	No 🗌	t yes:	Official's Name (Last, First)	
	of agency official?					
•	• Use Section A to identify the agen  A. Name of Agency, Depa		Number	<u> </u>		-
	A. Name of Agency, Depa		of Ticket(s)/ Passes	Describe to	e public purpose made purs	
		1				
	B. Name of Indi		Number of Ticket(s)/		Identify one of the fo	llowing:
	B. Name of Indi		1			
			of Ticket(s)/	If check	Identify one of the fo	Income [
	(Last, Fire		of Ticket(s)/ Passes	201.07 Pror	onial Role Other I	Income [ S Income I
	(Last, Fire	eganization	of Ticket(s)/ Passes	201.07 Pror	onial Role Other Other on "Other" description of Fair; Directors	Income [ S Income [ I
	Lopez, Armando  Name of Outside On	eganization	of Ticket(s)/ Passes 40 Number of Ticket(s)/	201.07 Pror	onial Role Other Other ing "Ceremonial Role" or "Other" description of Fair; Directors onial Role Other Other description of Green onial Role or "Other" description of the other o	Income [ S Income [ I
-	Lopez, Armando  C. Name of Outside Or (include address and	eganization	of Ticket(s)/ Passes 40 Number of Ticket(s)/	201.07 Pror	onial Role Other Other ing "Ceremonial Role" or "Other" description of Fair; Directors onial Role Other Other description of Green onial Role or "Other" description of the other o	Income [ S Income [ I
ı	Lopez, Armando  C. Name of Outside Or (include address and	rganization description)	of Ticket(s)/ Passes 40 Number of Ticket(s)/ Passes	201.07 Pror  Cerem If check  Describe the	onial Role Other on "Other" description of Fair; Directors onial Role Other of "Other" description of Fair; Directors onial Role Other of "Other" description of Fair; Directors onial Role of the other oth	Income Caribe below:  S Income Caribe below:  uant to the agency's policy
i	Lopez, Armando  C. Name of Outside Or (include address and	rganization description)	of Ticket(s)/ Passes  40  Number of Ticket(s)/ Passes	201.07 Pror  Cerem If check  Describe the	onial Role Other on "Other" description of Fair; Directors onial Role Other of "Other" description of Fair; Directors onial Role Other of "Other" description of Fair; Directors onial Role of the other oth	Income Caribe below:  S Income Caribe below:  uant to the agency's policy

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-	СП	131	1162	1363	{ : I	1111	$\omega$

1.	Agency Name				Date Stamp	California OOO
	31st District Agricultural Ass	sociation				Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	California Department of Fo	od & Agriculture				
	Designated Agency Contact	•			1	
	Barbara Quaid					
	Area Code/Phone Number	E-mail			Amendment (Must I	Provide Explanation in Part 3.)
	805-648-3376	bquaid@venturacc	untvfair org		Date of Original Filing:	
		2 400.000	antylamorg			(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	■ No□ F	ace Value of I	Each Ticket/Pass \$ _	13.00
	Event Description: 2022 Ve	ntura County Fair	r	oto(a) 08	, 03 , 2022	08 , 14 , 2022
	Event Description.	Provide Title/ Expla	nation	Jate(S)/		
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 II	f no:	Name of Source	
				. Quaid. F	Name of Source Barbara	
	Was ticket distribution made	at the behest Yes	■ No 🗆 🏻 II	yes: Quaid, E	Official's Name (Last, First)	
	of agency official?				,	
3.	Recipients					
٠.	• Use Section A to identify the agen	cv's department or unit. •	Use Section B to i	dentify an individu	al. Use Section C to identi	fy an outside organization
	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Number	Τ		y arr outside organization.
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pui	rsuant to the agency's policy
			r asses			
				1		
			Number			
	B. Name of Indiv		of Ticket(s)/ Passes		Identify one of the f	ollowing:
			F 43565	Caran	anial Dala III Ohan C	<u> </u>
	Morgan-Carter, Shanté		27		onial Role	
	, , , , , , , , , , , , , , , , , , , ,			201.07 Pron	notion of Fair; Directo	rs
					,	
				1	onial Role  Other  Othe	
	Name of O. A. I.I. O.	*	Number			
	C. Name of Outside Or (include address and		of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
			1 45365			
	**************************************					W.V. W.
	Varification					
	Verification	30 B				
	I have read and understand FPI with the requirements:	℃ Regulations 18944	.1 and 18942. I	have verified th	nat the distribution set fo	orth above, is in accordance
		Barbara Quai	A	000		August 05, 0000
7	Signature of Agency Head or Designation		·····	CEO	Tid -	August 25, 2022
ļ	/ Signature of Agency Head of Designe	re Pr	int Name		Title	(month, day, year)
	Comment:					

**A Public Document** 

1. Agency N					Date Stamp	California 802
	ct Agricultural Ass					× × × × × × × × × × × × × × × × × × ×
Division, D	epartment, or Reg	ion (if applicable)				For Official Use Only
	·	od and Agriculture				
Designated	d Agency Contact (	Name, Title)				
Barbara Q	uaid, CEO				Amondment (14)	Parada Custo et a la Costa (1)
Area Code/	Phone Number	E-mail			Amendment (Must )	Provide Explanation in Part 3.)
805-648-3	376	bquaid@venturace	ountyfair.org		Date of Original Filing:	(month, day, year)
2 Function	or Event Infor	mation				(month, day, year)
	agency have a tick			Eann Malun of I	Each Ticket/Pass \$ _	13.00
	-				•	
Event Des	cription: 2022 Ver	ntura County Fair  Provide Title/ Expl		Date(s)	, 03 , 2022	08 14 2022
				-		
ricket(s)/P	ass(es) provided	by agency? Yes	No 🗌	no:	Name of Source	
Was ticket	distribution made	at the behest Yes	<b>—</b> 11	f ves. Quaid, E	Barbara  Official's Name (Last, First)	
of agency		at the benest Yes	■ No L "	, you	Official's Name (Last, First)	
or agency	oniciai:					
• Use Section		cy's department or unit.	• Use Section B to i	dentify an individu	al. Use Section C to identi	fy an outside organization.
A. N	Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pui	rsuant to the agency's policy
В.	Name of Indiv		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
Quaid, Ba	arbara		40	If check	onial Role Other Cing "Ceremonial Role" or "Other" denotion of Fair; Directo	scribe below:
Maria de la companya				Cerem	onial Role Other on "Other" de	Income
C.	Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
						·····
. Verification	าท		l	I		
I have read a	and understand FPI	PC Regulations 1894	1.1 and 18942. I	l have verified tl	nat the distribution set fo	orth above, is in accordance
with the requ	Laenn.	Leah Lacayo		Board	President	9-14-201
Signature of	Agency Head or Designe	e F	rint Name		Title	(month, day, year)
Comment:						

**Print** 

Clear

1.	Agency Name				Date Stamp California O O		
	31st District Agricultural Ass	Association			·	Form 802	
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	California Department of Fo	od and Agriculture					
	Designated Agency Contact			•			
	Barbara Quaid, CEO						
	Area Code/Phone Number	ountyfair.org		Date of Original Filing:			
	Area Code/Phone Number E-mail 805-648-3376 bquaid@venturacc						
2.	Function or Event Information						
	Does the agency have a tick	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$ _	13.00	
	Event Description: 2022 Ventura County Fair Date(s)				, 03 , 2022	08 , 14 , 2022	
	Event Description: 2022 Ventura County Fair Date(s) 08 / 03 / 2022 08 / 14 / 2022						
	Ticket(s)/Pass(es) provided by agency? Yes No ☐ If no:						
					Name of Source		
				yes: Quaid, Barbara  Official's Name (Last, First)			
	of agency official?				omorare rearies (East, 1 hat)		
3.	Recipients						
٠.	• 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.						
	Number				ial. Ose section C to identi	ry an outside organization.	
	A. Name of Agency, Department or Unit		of Ticket(s)/ Describe th		he public purpose made pursuant to the agency's policy		
	****		Passes				
			]				
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:		
	(Last, Firs	i.u	Passes				
	Pianda Stacy	40	i	onial Role  Other  Other  Other  Other  Other  Other  Other			
	Rianda, Stacy		40	201.07 Promotion of Fair; Directors			
				201.07 P1011	notion of Fair, Directo	rs	
					onial Role Other Other	The state of the s	
				іг спескі	ing "Ceremonial Role" or "Other" de	scribe below:	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Describe th		e public purpose made pursuant to the agency's policy		
	(morade address and description)		Passes				
	Verification						
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in a with the requirements.  Leah Lacayo  Board President						orth above, is in accordance	
	Sul Xacour		Board President 9-14-202				
	Signature of Agency Head or Designe	e Pri	int Name		Title	(month, day, year)	
	Comment:						