1.	Agency Name		Date Stamp California					
	31st District Agricultural Ass			Form OUZ For Official Use Only				
	Division, Department, or Regi					For Official Use Only		
	California Department of Foo	_						
	Designated Agency Contact (Vame, Title)						
	Jennifer McGuire, CEO		Amendment (Must P	Provide Explanation in Part 3.)				
	Area Code/Phone Number	E-mail				Sept. 8, 2023		
	805-648-3376	ceo@venturacount	yfair.org		Date of Original Filing:	(month, day, year)		
2.	Function or Event Inforr	nation						
	Does the agency have a tick		■ Na□ F	ace Value of	Each Ticket/Pass \$	13.00		
	Event Description: Ventura	Social Fill (5.1	C	oate(s) <u>08/02</u>	2/2023	08/13/2023		
	Ticket(s)/Pass(as) provided	Provide Title/ Explanation						
	Ticket(s)/Pass(es) provided by agency? Yes No If no:							
	Was ticket distribution made	at the behest Ves II	ves. McGuire	e, Jennifer Official's Name (Last, First)				
	of agency official?	a 20oc. 163 [■ 140 □ ··	ycs. —	Official's Name (Last, First)			
3.	Recipients							
	 Use Section A to identify the agen- 	cy's department or unit. •	Use Section B to i	dentify an individu	ual. Use Section C to identify an outside organization.			
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes Describe th		he public purpose made pursuant to the agency's policy			
	B. Name of India (Last, Firs	Number of Ticket(s)/ Passes	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
	Bradbury, Michael	40						
				201.07 Proi	motion of Fair; Directo	ors		
					nonial Role Other C king "Ceremonial Role" or "Other" de			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Describe the Passes		the public purpose made pursuant to the agency's policy			
4.	Verification I have read and understand FP	PC Regulations 18944	.1 and 18942.	I have verified t	that the distribution set fo	orth above, is in accordance		
1	with the requirements.	Jennifer McG	uiro	CEO		Co-4 D 0000		
H	Signature of Agency Head or Design		int Name		Title	Sept. 8, 2023 (month, day, year)		
/	Signature or yearly nead or Design	- Pi	III Nallie		nue	(month, day, year)		
	Comment:							

1.	Agency Name	Date Stamp	California OOO						
	31st District Agricultural Association - Ventura C		Form 802						
	Division, Department, or Region (if applicable)	,			For Official Use Only				
	California Department of Food & Agriculture								
	Designated Agency Contact (Name, Title)								
	Jennifer McGuire, CEO								
	Area Code/Phone Number E-mail	77.		Amendment (Must F	Provide Explanation in Part 3.)				
	805-648-3376 ceo@venturacount	vfoir ora		Date of Original Filing:	Sept. 8, 2023				
	ceo@venturacount	ylail.org		Date of Original Filling:	(month, day, year)				
2.	Function or Event Information								
	Does the agency have a ticket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$ _	13.00				
		_							
	Event Description: Ventura County Fair Provide Title/ Expla.	nation	oate(s) 00/02	2/2023	08/13/2023				
	Frovide Hitle/ Explanation Ficket(s)/Pass(es) provided by agency? Yes No ☐ If no:								
	remarkation and (any promises by agency).	Name of Course							
	/as ticket distribution made at the behest Yes ■ No □ If yes: McGuire, Jennifer Official's Name (Last, First)								
	of agency official? Official's Name (Last, First)								
_									
3.	Recipients	ecipients e 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.							
	Use Section A to identify the agency's department or unit.		dentify an individu	al. Use Section C to identify an outside organization.					
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe th	e public purpose made pui	rsuant to the agency's policy				
		Passes		Describe the public purpose made pursuant to the agency's policy					
					of the following:				
	B. Name of Individual	Number of Ticket(s)/		Identify one of the t	following:				
	(Last, First)	Passes							
		40	If checking "Ceremonial Role" or "Other" describe below:						
	Ceja, Guillermo								
			201.07 Promotion of Fair; Directors						
			Cerem	nonial Role Other Income In					
		1	If check						
				otion of Fair; Directors all Role Other Income Income					
	Name of Outside Organization	Number	Describe the mublic murrous made numerates the annual made						
	C. (include address and description)	of Ticket(s)/ Passes	Describe th	scribe the public purpose made pursuant to the agency's policy					
1	Verification								
⊶.		4 40040	1 h	U					
	I have read and understand FPPC Regulations 18944 with the requirements.	.1 and 18942.	i nave verilled t	nat the distribution set to	orth above, is in accordance				
_	6 . // 44	Luiro	CEO		Cont 0 2022				
	1000000	rint Name		Title	Sept. 8, 2023				
	Pignature of Egency nead of Designee	mit Martie		ritte	(month, day, year)				
	Comment:								

1.	Agency Name				Date Stamp	California OOO			
	31st District Agricultural Ass	sociation - Ventura C	, and the second	Form OUZ					
	Division, Department, or Reg	ion (if applicable)			For Official Use Only				
	California Department of Fo	od & Agriculture							
	·	-							
	Jennifer McGuire, CEO								
	Area Code/Phone Number E-mail				1 —	ovide Explanation in Part 3.)			
	805-648-3376		vfair org		Date of Original Filing:	Sept. 8, 2023			
	300 0 10 00 10	y idir.org		Date of Original Finings	(month, day, year)				
2.	Function or Event Inform	unction or Event Information							
				ace Value of	Each Ticket/Pass \$	13.00			
	Fyort Doorinting Ventura	County Fair		Natara 08/02	2/2023	08/13/2023			
	Event Description.	Provide Title/ Explai	nation	rate(s) <u>33,32</u>		00/10/2020			
	<u></u>								
		Name of Source							
		Vas ticket distribution made at the behest Yes ■ No □ If yes: McGuire, Jennifer Official's Name (Last, First)							
	of agency official?				Omerar o Name (Last, 1 mst)				
3.	Desirients								
ა.		•							
	- Ose section A to identify the agen	dentify 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, Depa	of Ticket(s)/	Describe th	e public purpose made purs	uant to the agency's policy				
			Passes						
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the fo	ollowing:			
	(Last, Fir	st)	Passes						
				nonial Role 🔳 Other 🗌	Income				
	Chess, Betsy	40							
				201.07 Pro	motion of Fair; Director	'S			
				Cerem	nonial Role Other	Income			
			i	If check	Name of Source Jennifer Official's Name (Last, First) Use Section C to identify an outside organization. public purpose made pursuant to the agency's policy Identify one of the following: Inial Role Other Income received below: Otion of Fair; Directors Inial Role Other Income received below: Otion of Fair; Directors Inial Role received below: Other received below: Dipublic purpose made pursuant to the agency's policy				
			ĺ						
	Name of Outside O	inifer McGuire, CEO a Code/Phone Number 5-648-3376 E-mail ceo@venturacountyfair.org inction or Event Information as the agency have a ticket policy? Yes No Cent Description: Ventura County Fair Provide Title/ Explanation Ret(s)/Pass(es) provided by agency? Yes No Cent distribution made at the behest Yes No Cent agency official? Recipients Is Section A to identify the agency's department or unit. Name of Agency, Department or Unit Numbor Ticke Passe No Cent Description: Name of Individual (Last, First) Numbor Ticke Passe No Cent Description: Numbor Ticke Passe Numbor Ticke Passe Numbor Ticke Passe Shess, Betsy A0 Numbor Ticke Passe Shess, Betsy Jennifer McGuire Print Name Print Name		Describe th	a nublia nurnasa mada nura	went to the agency's nelley			
	C. Name of Outside O	description)	Passes	Describe th	e public purpose made purs	Income In			
						-			
				1					
<u></u>	Varification								
4.		000 December 10044	4 (400 40						
		PC Regulations 18944	.1 and 18942.	i nave verified i	that the distribution set to	rth above, is in accordance			
	6 10110	Jennifer McG	uiro	CEO	i	Sant 9 2022			
_<	Signatured of Assessay Head or Design								
	Signature of Agency Head of Design	ice P	IIII IVAIIIE		ride	(montn, day, year)			
	Comment:								
	e e un e u	7 1 2 1 1 1 2 2 2 2							

				V 227 51 5			4
/\	_	In			Im	OB	
$\overline{}$	гι	awı	\boldsymbol{L}	OCL	4111		ı.

	. Agency Name				Date Stamp California Form		
	31st District Agricultural Ass		County Fairgrou	unds —————		Form For Official Use Only	
	Division, Department, or Reg					For Official Use Only	
	California Department of Fo	•					
Ī	Designated Agency Contact (Name, Title)						
	Jennifer McGuire, CEO				Amendment (Must P	rouide Evalenation in Boot 3.1	
7	Area Code/Phone Number	E-mail	*		- CARDON SACCOLO DE ACRECAS		
	805-648-3376	ceo@venturacount	yfair.org		Date of Original Filing:	Sept. 8, 2023 (month, day, year)	
	Function or Event Infor	mation		-			
ļ	Does the agency have a tick	et policy? Yes I	■ No□ Fa	ace Value of	Each Ticket/Pass \$	13.00	
J	Event Description: Ventura		D	ate(s) <u>08/02</u>	/2023	08/13/2023	
	Ticket(s)/Pass(es) provided			no:	1000		
	ricket(s)/r ass(es) provided	by agency: res p			Name of Source		
,	Was ticket distribution made	at the behest Yes	■ No□ If	ves: McGuire	e, Jennifer Official's Name (Last, First)		
	of agency official?	163	= 140 Cl	,	Official's Name (Last, First)		
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
	B. Name of Individual (Last, First) Cornejo, Leslie		Number of Ticket(s)/ Passes		Identify one of the following:		
			22	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 201.07 Promotion of Fair; Directors			
		· · · · · · · · · · · · · · · · · · ·		1			
					nonial Role Other cing "Ceremonial Role" or "Other" des		
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	If checi	ring "Ceremonial Role" or "Other" des		
1	Verification I have read and understand FP	description)	of Ticket(s)/ Passes	Describe th	e public purpose made pur	scribe below:	
1	Verification	description)	of Ticket(s)/ Passes	Describe th	e public purpose made purs	scribe below:	

Clear

1. Agency Name	Date Stamp California				
31st District Agricultural Association - Ventura C		Form OUZ For Official Use Only			
Division, Department, or Region (if applicable)					
California Department of Food & Agriculture					
Designated Agency Contact (Name, Title)	1				
Jennifer McGuire, CEO		1.5.4.6.5.6.			
Area Code/Phone Number E-mail		YUE		rovide Explanation in Part 3.)	
805-648-3376 ceo@venturacount	vfair.org		Date of Original Filing:	Sept. 8, 2023	
				(month, day, year)	
2. Function or Event Information					
Does the agency have a ticket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	13.00	
Event Description: Ventura County Fair Provide Title/ Explai	nation [Date(s) 00/02	2/2023	08/13/2023	
		no:			
ricket(3)/1 ass(es) provided by agency:			Name of Source		
Was ticket distribution made at the behest Yes	■ No□ If	McGuire	e, Jennifer Official's Name (Last, First)		
of agency official?		, 00.	Official's Name (Last, First)		
Use Section A to identify the agency's department or unit.	Number				
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the f	ollowing:	
Cuevas, M. Cecilia	38	If check	nonial Role Other Cking "Ceremonial Role" or "Other" de:	scribe below:	
		201.07 Proi	motion of Fair; Directo	rs	
			nonial Role Other ching "Ceremonial Role" or "Other" des	-	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
4 24 15 44					
4. Verification I have read and understand FPPC Regulations 18944 with the requirements.	.1 and 18942.	I have verified t	that the distribution set fo	orth above, is in accordance	
handle to the same of the same	vulue.	050		0	
Jennifer McG		CEO		Sept. 8, 2023	
Signature of Agency Head or Designee Pr	rint Name		Title	(month, day, year)	
Comment:					

Ticket/Pass \$ Ticket/Pass \$ Oliver of Source enifer al's Name (Last, First) See Section C to identify an	13.00 8/13/2023	
of Original Filing: Second Original Filips: Second Ori	ide Explanation in Part 3.) Ept. 8, 2023 (month, day, year) 13.00 8/13/2023 n outside organization.	
of Original Filing: Second Original Filips: Second Ori	13.00 8/13/2023 n outside organization.	
of Original Filing: Second Original Filips: Second Ori	13.00 8/13/2023 n outside organization.	
of Original Filing: Second Original Filips: Second Ori	13.00 8/13/2023 n outside organization.	
of Original Filing: Second Original Filips: Second Ori	13.00 8/13/2023 n outside organization.	
Ticket/Pass \$ Ticket/Pass \$ Oliver of Source enifer al's Name (Last, First) See Section C to identify an	13.00 8/13/2023 n outside organization.	
Ticket/Pass \$ 30 ne of Source nifer ai's Name (Last, First) se Section C to identify an	13.00 8/13/2023 n outside organization.	
ne of Source nifer al's Name (Last, First)	n outside organization.	
ne of Source nifer al's Name (Last, First)	n outside organization.	
ne of Source nifer al's Name (Last, First) se Section C to identify an	n outside organization.	
ne of Source nifer al's Name (Last, First) se Section C to identify ar	n outside organization.	
ne of Source nifer al's Name (Last, First) se Section C to identify ar	n outside organization.	
nifer al's Name (Last, First) se Section C to identify an		
se Section C to identify ar		
purpose made pursua	ant to the agency's policy	
Identify one of the follo	owing:	
	Income	
ring "Ceremonial Role" or "Other" describe below:		
of Fair; Directors		
ole Other monial Role" or "Other" describ	Income De below:	
c purpose made pursua	ant to the agency's policy	
e distribution set forth	h above, is in accordance	
	01 0 0000	
	Sept. 8, 2023	
Title	(month, day, year)	
	ole Other commonial Role" or "Other" description of Fair; Directors ole Other commonial Role" or "Other" description of the common	

1.	Agency Name	Date Stamp California 80								
	31st District Agricultural Associat			Form OUZ For Official Use Only						
	Division, Department, or Region (if					Tor Official Osc Offin				
	California Department of Food &									
	Designated Agency Contact (Name,	Title)								
	Jennifer McGuire, CEO				Amendment (Must	Provide Explanation in Part 3.)				
	rea Code/Phone Number E-mail				Sept. 8, 2023					
	805-648-3376 ceo	yfair.org		Date of Original Filing	(month, day, year)					
_	Function or Event Information		IONE IN COLUMN			(mentry day) year)				
۷.				200 200 FM		13.00				
	Does the agency have a ticket po		ace Value of	Each Ticket/Pass \$ _						
	Event Description: Ventura Cour	nty Fair		oate(s) 08/02	2/2023	08/13/2023				
	Provide Title/ Explanation									
	Ticket(s)/Pass(es) provided by agency? Yes No U If no:									
	Name of Source Nos tigket distribution made at the behast XX = XX = McGuire. Jennifer									
	Was ticket distribution made at the behest Yes ■ No □ If yes: McGuire, Jennifer Official's Name (Last, First)									
	of agency official?									
3.	Recipients									
-		partment or unit. •	Use Section B to i	dentify an individu	ual. Use Section C to ident	Use Section C to identify an outside organization.				
		Number	Transition of							
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy						
			1 43363							
				1						
			 	 						
	R Name of Individual		Number							
	B. Name of Individual		of Ticket(s)/		Identify one of the	following:				
	(Last, First)	d 300 3 1 1	Passes	particular de la						
	Lear Dan	40								
	Long, Dan	18	1	:=						
				201.07 Pro	motion of Fair; Direct	ors				
						5.44.5				
				If checi	Name of Source Jennifer Official's Name (Last, First) Use Section C to identify an outside organization. public purpose made pursuant to the agency's policy Identify one of the following: Inial Role Other Income In					
	C. Name of Outside Organiz	ation	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy						
	(include address and descr	iption)	Passes	Describe th	Describe the public purpose made pursuant to the agency's polic					
<u></u>	Verification									
4.			4 4 40040		46 - 4 46 No-4-16 - 41 4	fault at any tale and a fault				
	with the requirements.	eguiations 18944	1.1 and 18942.	i nave veniled i	tnat the distribution set	tortn above, is in accordance				
	E . () 1 1 0	Jennifer McG	Luire	CEO	0-4-0-000					
_	Signature of Agency Head or Designee		rint Name							
	Orginature of Agency Fread of Designee	P	init ivaille		riue	(month, day, year)				
	Comment:									
	Art Constitution (1983) 2007-198-201	-								

1. Agency Name			Date Stamp California QQ2			
31st District Agricultural As			Form OUZ			
Division, Department, or Reg	ion (if applicable)	37		1	For Official Use Only	
California Department of Fo	ood & Agriculture					
Designated Agency Contact	(Name, Title)			1		
Jennifer McGuire, CEO				Amandmant (44 4 5		
Area Code/Phone Number	E-mail			_	rovide Explanation in Part 3.)	
805-648-3376	ceo@venturacount	tyfair.org		Date of Original Filing:	Sept. 8, 2023 (month, day, year)	
2. Function or Event Infor	mation					
Does the agency have a tic	ket policy? Yes l	■ No□ F	ace Value of	Each Ticket/Pass \$	13.00	
Event Description: Ventura		D		2/2023	08/13/2023	
Ticket(s)/Pass(es) provided			no.			
(0) ===(00) p.010				Name of Source		
Was ticket distribution made	e at the behest Yes	■ No□ If	yes: McGuire	e, Jennifer Official's Name (Last, First)		
of agency official?		_		Official's Name (Last, First)		
*	Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit			ne 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:			
Mack, Miriam	Mack, Miriam C. Name of Outside Organization (include address and description)		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 201.07 Promotion of Fair; Directors			
			Cerem	eremonial Role Other Income checking "Ceremonial Role" or "Other" describe below:		
			Describe th			
4. Verification						
I have read and understand FF with the requirements.	PPC Regulations 18944	l.1 and 18942. I	have verified t	that the distribution set fo	orth above, is in accordance	
Denthe	Jennifer McG	Buire	CEO		Sept. 8, 2023	
Signature of Agency Head or Design	nee P	rint Name		Title	(month, day, year)	
0						
Comment:						

A Public Document

1.	Agency Name		Date Stamp California o					
	31st District Agricultural Assoc	ciation - Ventura C		Form 802				
	Division, Department, or Region	(if applicable)			For Official Use Only			
	California Department of Food	& Agriculture						
	Designated Agency Contact (Nar	me, Title)						
	Jennifer McGuire, CEO				Amendment (Must Provide Explanation in Part 3.)			
	Area Code/Phone Number E-mail							
	805-648-3376 ce	eo@venturacounty	yfair.org		Date of Original Filing:	Sept. 8, 2023 (month, day, year)		
_					(monal, day, year)			
2.	Function or Event Informa					13.00		
	Does the agency have a ticket			ace Value of	Each Ticket/Pass \$	10.00		
	Event Description: Ventura Co	ounty Fair		oate(s) 08/02	/2023	08/13/2023		
		Provide Title/ Explar	nation					
	Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:							
	Name of Source McGuire, Jennifer							
	Was ticket distribution made at the behest Yes ■ No □ If yes: McGuire, Jennifer Official's Name (Last, First)							
	or agency official?							
3.	Recipients							
	 Use Section A to identify the agency's 	department or unit.	Use Section B to i	dentify an individu	ial. Use Section C to identif	fy an outside organization.		
	A. Name of Agency, Departm	Number of Ticket(s)/	Describe the public purpose made pursuant to the		rsuant to the agency's policy			
			Passes					
	B. Name of Individu (Last, First)	ual	Number of Ticket(s)/ Passes		Identify one of the f	following:		
	Morgan-Carter, Shanté		28		nonial Role Other C			
	Worgan-Garter, Griante		20	1	motion of Fair; Directo			
				Cerem	nonial Role Other C	Income		
	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				
	Verification							
₹.	I have read and understand FPPC with the requirements.	Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set fo	orth above, is in accordance		
	6 / 2 2 2	Jennifer McG	uiro	CEO		Cort 0 0000		
	Signature of Agency Head or Designee		int Name		Title	Sept. 8, 2023		
	Signature of Agency Head of Designee	Pr	ini Name		ııue	(month, day, year)		
	Comment:							

Clear

Print