

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
County of Sonoma			
Division, Department, or Region <i>(if applicable)</i>			
County Administrator's Office			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <small>(month, day, year)</small>	
575 Administration Drive, Santa Rosa, CA 95403			
Area Code/Phone Number	E-mail		
707-565-2241	bos@sonoma-county.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$60

Event Description: Gravenstein Apple Fair & Benefit Conc Date(s) 08 / 14 / 2021 08 / 14 / 2021
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Gravenstein Apple Fair
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 <small>(Last, First)</small>	Number of Ticket(s) Passes	Identify one of the following:
Christina Rivera & Marina Rivera	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Ticket Policy Section III D & F
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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.

<i>Marcie Woychik</i>	Marcie Woychik	County Ticket Administrator	08/20/2021
Signature of Agency Head or Designee	Print Name	Title	<i>(month, day, year)</i>

Comment: _____