

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Sonoma			
Division, Department, or Region (If Applicable)			
County Administrator's Office			
Designated Agency Contact (Name, Title)			
575 Administration Drive, Santa Rosa, CA 95403		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number	E-mail		
707-565-2241	roxanne.epstein@sonoma-county.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 70.00

Event Description 2014 Leaders Awards Luncheon Date(s) 10 / 31 / 14 _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: North Bay Leadership Council
Name of Source

Was ticket distribution made at the behest of agency official? No Yes 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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors Office	1	Ticket Policy III F
B. Name of Individual (Last, First)		
		Identify one of the following:
Gorin, Susan		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 III 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 (include address and description)		
		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.

Roxanne Epstein Roxanne Epstein County Ticket Administrator 9/16/14
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)