

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 99.50

Event Description Vintage Festival, Friday Night Gala Date(s) 8 / 9 / 14
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Valley of the Moon Vintage Festival
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	4	Ticket Policy III F
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Gorin, Susan	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Ticket Policy III F
	4	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)/Pass(es)	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.

<small>Signature of Agency Head or Designee</small>	Roxanne Epstein <small>Print Name</small>	County Ticket Administrator <small>Title</small>	9/8/2014 <small>(Month, Day, Year)</small>
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Comment: _____