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

A Public Document

1. Agency Name	Date Stamp	**California Form 802**
County of Sonoma		For Official Use Only

1. Agency Name

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

Area Code/Phone Number	**E-mail**
707-565-2241	roxanne.epstein@sonoma-county.org

☐ **Amendment** *(Must provide explanation in Part 3.)*

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 $ _____ $40.00

Event Description _Williams - Sonoma Re-opening_
Provide Title/Explanation

Date(s) 10 / 2 / 14   ___/___/___

Ticket(s)/Pass(es) provided by agency?   Yes ☐ No ☒

If no: _Williams - Sonoma_
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	1	Ticket Policy Section III C and D

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Gorin, Susan		Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Ticket Policy Section III C and D
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization *(include address and description)*	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.

Roxanne Epstein	Roxanne Epstein	County Ticket Administrator	10/7/2014
Signature of Agency Head or Designee	*Print Name*	*Title*	*(Month, Day, Year)*

Comment: _____

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)