

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 <i>(If Applicable)</i>		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(Month, Day, Year)</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		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$90

Event Description Sonoma County Fair Date(s) 7 / 24 / 15 8 / 10 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Sonoma County Fair Board
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
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Zane, Shirlee	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Ticket Policy Section III D and F
Rabbitt, David	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Ticket Policy Section III D and F
C. Name of Outside Organization <i>(include address and description)</i>	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 9/6/15
Signature of Agency Head or Designee *Print Name* *Title* *(Month, Day, Year)*

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

Agency Name
County of Sonoma

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.

Table A: Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy

Table B: Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: Ceremonial Role, Other, Income

Table 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