Tickets Provided by Agency Report

A Public Document

ICKETS	PRO\	/IDED	BY
ΔGI	ENCY	REPO	٦RT

1. Agency Name	· · · · · · · · · · · · · · · · · · ·		Date Stamp	California OOO	
County of Sonoma Division, Department, or Region (if applicable)				Form OUZ	
				For Official Use Only	
Street Address					
575 Administration Drive					
Area Code/Phone Number E-mail			D Amondment (14t	thin in D. 451	
707-565-2231			Amendment (Must explain in Part 5.)		
Agency Contact (name and title)			Date of Original Filing:		
Lori Norton, DCAO				(month, day, year)	
2. Event For Which Tickets Were Distribute	ed		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Date(s) of Event: 10 / 01 / 10 Descr	intion of Eve	nt. Harvest Fai	r - Award Night Gala		
	Value of Tick	et: \$			
Agency Event ☐ Yes ☑ No (Identify s	ource of ticke	ts below.)			
Name of Outside Occurs of Tisket/s) Described to	_ ^ Sc	onoma County I	Harvest Fair		
Name of Outside Source of Ticket(s) Provided to	o Agency:	,			
Number of Tickets Received:	Ticket(s) Pro	vided to Agenc	y: ⊠ Gratuitously	☐ Pursuant to Contract	
Agency Official(s) Receiving Ticket(s) (us	se a continuation	on sheet for addit	ional names)		
Name of Official	Number		Whether the Distribution is Income to the Official or		
(Last, First)	of Tickets	Descril	oe the Public Purpose for	the Distribution	
Rivera, Christina	4	Evaluate Eve	nt and Facility		
Trivera, Offisina		Lvaluate Lve	and racinty	·	
	·				
				•	
4. Individual or Organization Receiving Tic	ket(s) (Provid	ded at the behest	of an agency official.)	•	
			,	•	
Name of Behesting Agency Official:					
No. of File 1 of the					
Name of Individual or Organization:			Numbe	r of Tickets:	
Description of Organization:					
Description of organization.					
Address of Organization:					
Number and Street		City		State Zip Code	
Purpose for Distribution: (Describe the public purp	pose for the dis	stribution to the o	rganization.)		
				4	
5. Verification					
I have determined that the distribution of tickets set for	orth ahove is ir	a accordance with	the provisions of EPPC	Regulation: 18944 1	
	orur above is ii			_	
Lori Norton		DCA0		09/30/2010	
_	Print Name		Title	(month, day, year)	
Comment: (Use this space or an attachment for any add	litional information	on including amend	lment explanation.)		
			,		