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

A Public Document

۸a											
. жу	ency Name						Date Sta	amp	Californ Form	ia QNO	
	County of Sonoma										
Div	Division, Department, or Region (if applicable)								For Offic	cial Use Only	
Со	County Administrator's Office										
Str	Street Address										
	575 Administration Drive, Santa Rosa, CA 95403										
Des	signated Agency Contact (Na	lame, Title)					Amendment (Must provide explanation in Part 3.)				
	chelle Arellano, Chief Depu										
Are	ea Code/Phone Number	E-mail					Date of Origin	al Filing:	(month, day,	year)	
	7-565-2241										
. Fu	Function, Event, or Ceremonial Role Information										
Titl	Title Sonoma County Fair Face V						alue of Each	Admissi	ion \$ 21.0	0	
De	escription Lunch Pass Date(s)			14 <u>11</u>	
Tic	ket(s)/Admission(s) prov	vided by a	gency? Yes	🖸 No		If no: <u>Sono</u>	ma County Fair	Board			
Tic	ket(s)/Admission(s) prov	vided by aç	gency? Yes	☑ No		lf no: <u>Sono</u>	ma County Faiı	Board Name of S	Source		
								Name of S	Source		
	ket(s)/Admission(s) prov s the distribution to pers							Name of S	Source		
	s the distribution to pers		ified below n	nade at	the	behest of		Name of S	Source		
Wa	as the distribution to pers Yes □ No ⊡ If yes	sons identi	ified below n	nade at Name (Las	the			Name of S	Source		
Wa	s the distribution to pers	sons identi	ified below n	nade at Name (Las	the	behest of		Name of S	Source		
Wa	as the distribution to pers Yes □ No ☑ If yes e identity of recipient(s _{Name}	sons identi	ified below n Official's e explanatic	nade at Name (Las	the st, Firs	behest of st) and Title • Check the	an agency o	Name of S official? e agency offi	icial claims ad		
Wa	e identity of recipient(s	sons identi	ified below n Official's i e explanatic Number of	nade at Name (Las	the st, Firs	behest of st) and Title • Check the taxable in also prov	an agency of a second s	Pofficial?	icial claims ad erformed a cer		
Wa	te distribution to pers Yes □ No ☑ If yes e identity of recipient(s Name (Last, First) or Organization	sons identi s:s) and the	ified below n Official's e explanatic	nade at Name (Las on: Agenc	the st, Firs	behest of st) and Title • Check the taxable in also prov • If not inco	an agency of a second s	Provide a service of s	icial claims ad erformed a cer ose, including	emonial role,	
Wa	te distribution to pers Yes □ No ☑ If yes e identity of recipient(s Name (Last, First) or	sons identi s:s) and the	ified below n Official's i e explanatic Number of Admission(s)/	nade at Name (Las on: Agenc Officia	the st, Firs	behest of st) and Title • Check the taxable in also prov • If not inco	an agency of a second s	Provide a service of s	icial claims ad erformed a cer ose, including	emonial role, lividual, or	
Wa	As the distribution to pers Yes □ No ✓ If yes e identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti	sons identi s:s) and the	ified below n Official's d e explanatic Number of Admission(s)/ Ticket(s)	nade at Name (Las On: Officia	st, Firs	behest of st) and Title • Check the taxable in also prov • If not incc ceremoni organizat	an agency of a second s	e agency offi ncy official po public purpo d by an agen	icial claims ad erformed a cer ose, including ncy official, inc	emonial role, lividual, or Income	
Wa	te distribution to pers Yes □ No ☑ If yes e identity of recipient(s Name (Last, First) or Organization	sons identi s:s) and the	ified below n Official's i e explanatic Number of Admission(s)/	nade at Name (Las on: Agenc Officia Yes [No [the st, Firs	behest of st) and Title • Check the taxable in also prov • If not incc ceremoni organizat	an agency of e income box if th come. If the ager ide a description. ome, describe the al roles, performe ion.	e agency offi ncy official po public purpo d by an agen	icial claims ad erformed a cer ose, including ncy official, inc	ividual, or Income	
Wa	As the distribution to pers Yes □ No ✓ If yes e identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti	sons identi s:s) and the	ified below n Official's i e explanatic Number of Admission(s)/ Ticket(s)	nade at Name (Las on: Agenc Officia Yes [No [Yes [the st, Firs	behest of st) and Title • Check the taxable in also prov • If not incc ceremoni organizat	an agency of e income box if th come. If the ager ide a description. ome, describe the al roles, performe ion.	e agency offi ncy official pe public purpo d by an agen v Facility a	icial claims ad erformed a cer ose, including ncy official, inc and Events	ividual, or Income	
Wa	As the distribution to pers Yes □ No ✓ If yes e identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti	sons identi s:s) and the	ified below n Official's d e explanatic Number of Admission(s)/ Ticket(s)	nade at Name (Las on: Agenc Officia Yes [No [No [the st, Firs	behest of st) and Title • Check the taxable in also prov • If not incc ceremoni organizat	an agency of e income box if th iccome. If the ager ide a description. ome, describe the al roles, performe ion. pose - Review	e agency offi ncy official pe public purpo d by an agen v Facility a	icial claims ad erformed a cer ose, including ncy official, inc and Events	ividual, or Income Income Income	
Wa	As the distribution to pers Yes □ No ✓ If yes e identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti	sons identi s:s) and the	ified below n Official's i e explanatic Number of Admission(s)/ Ticket(s)	nade at Name (Las on: Agenc Officia Yes [No [Yes [No [Yes [the st, Firs	behest of st) and Title • Check the taxable in also prov • If not incc ceremoni organizat Public Pur Public Pur	an agency of e income box if th iccome. If the ager ide a description. ome, describe the al roles, performe ion. pose - Review	v Facility a	icial claims ad erformed a cer ose, including ncy official, inc and Events and Events	ividual, or Income Income Income	
Wa	As the distribution to pers Yes □ No ☑ If yes e identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti Illinger, Brad mes, Judy	sons identi s:s) and the	ified below n Official's l e explanatic Admission(s)/ Ticket(s) 1	nade at Name (Las on: Agenc Officia Yes [No [Yes [No [No [the st, Firs	behest of st) and Title • Check the taxable in also prov • If not incc ceremoni organizat Public Pur Public Pur	an agency of e income box if th iccome. If the ager ide a description. ome, describe the al roles, performe ion. pose - Review	v Facility a	icial claims ad erformed a cer ose, including ncy official, inc and Events and Events	ividual, or Income Income Income	
Wa	As the distribution to pers Yes □ No ☑ If yes e identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti Illinger, Brad mes, Judy	sons identi s:s) and the	ified below n Official's l e explanatic Admission(s)/ Ticket(s) 1	nade at Name (Las on: Agenc Officia Yes [No [Yes [No [Yes [the st, Firs	behest of st) and Title • Check the taxable in also prov • If not incc ceremoni organizat Public Pur Public Pur	an agency of e income box if th iccome. If the ager ide a description. ome, describe the al roles, performe ion. pose - Review	v Facility a	icial claims ad erformed a cer ose, including ney official, inc and Events and Events and Events	ividual, or Income Income Income Income Income	
Wa	As the distribution to pers Yes □ No ☑ If yes e identity of recipient(s Name (Last, First) or Organization (Name, Address, Descripti Illinger, Brad mes, Judy wwney, Rick	sons identi s:s) and the	ified below n Official's l e explanation Admission(s)/ Ticket(s) 1 1	nade at Name (Las on: Agenc Officia Yes [No [Yes [No [No [No [Yes [the st, Firs	behest of st) and Title • Check the taxable in also prov • If not incc ceremoni organizat Public Pur Public Pur	an agency of e income box if th icome. If the ager ide a description. ome, describe the al roles, performe ion. pose - Review pose - Review	v Facility a	icial claims ad erformed a cer ose, including ney official, inc and Events and Events and Events	ividual, or Income Income Income Income	

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

	Michelle Arellano	Chief Deputy Clerk	8/22/2011
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

This form is for use by all state and local government agencies. The form identifies persons that receive admission tickets and passes and describes the public purpose for the distribution. This form was prepared by the Fair Political Practices Commission (FPPC) and is available at www.fppc.ca.gov.

General Information

FPPC Regulation 18944.1 sets out the circumstances under which an agency's distribution of tickets to entertainment events, sporting events and like occasions would not result in a gift to individuals that attend the function. In general, the agency must adopt a policy which identifies the public purpose served in distributing the admissions and then must post the policy on the agency's website. The Form 802 serves to detail each event and the public purpose of each agency distribution. FPPC Regulation 18942 lists exceptions to reportable gifts, including ceremonial events, when listed on this form.

When the regulation procedures are followed, persons who receive admissions are listed on a Form 802. Agency officials do not report the admissions on the official's Statement of Economic Interests, Form 700, and the value of the admission is not subject to the gift limit.

The Form 802 also informs the public as to whether the admissions were made at the behest of an agency official and whether the behested tickets were provided to an organization or specific individuals.

Website Posting

The Form 802 must be posted on the agency's website within 30 days after the distribution. If the agency does not maintain a website, the form must be maintained by the agency as a public record, be available for public inspection and copying, and be forwarded to the FPPC for posting on its website.

Privacy Information Notice

Information requested by the FPPC is required by and used to administer and enforce the Political Reform Act. Failure to provide information may be a violation subject to administrative, criminal, or civil penalties. All reports and statements are public records available for inspection and reproduction. If you have any questions regarding this notice, please contact the FPPC General Counsel at Fair Political Practices Commission 428 J Street, Suite 620 Sacramento, CA 95814 (916) 322-5660.

Instructions

Part 1 Agency Identification:

List the agency's name and street address. Provide a designated agency contact person, their phone number, and e-mail address. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

Part 2 Function, Event, or Ceremonial Role Information:

Provide the title of the event, the face value (i.e., the cost to the public) of each admission, a brief description of the event, and the date(s) of the event. Check the box indicating whether the tickets or admissions were provided by the agency. If the answer is no, identify the outside source.

Check the box indicating whether the distribution was made at the behest of an agency official. If the answer is yes, provide the full name and title of the agency official.

In the table, Column 1, identify the recipient of the distributed admissions. The full name is required for individuals. If admission is provided to an organization, individual names are not required but the organization's name, address, and brief description must be identified.

In the table, Column 2, disclose the total number of tickets/ admissions distributed.

In the table, Column 3, check the box indicating whether the recipient was an agency official.

In the table, Column 4, if an agency official claims admission as taxable income, mark the income box. A description of a ceremonial role conducted by an agency official must be identified even if the official will claim the ticket as income. Alternatively, provide the public purpose for the distribution that is associated with the agency's policy that is posted on the agency's website.

Part 3 Verification:

The agency head or a designee must sign this form acknowledging that he or she has read, understands, and verifies compliance with FPPC Regulations 18944.1 and 18942.