Agency Report of: **Ceremonial Role Events and** ot/Admissio Distributions Ti

ICKet/Admission Distributions					A Public Documen		
Agency Name					Date Stamp	California Form	202
County of Sond	County of Sonoma						
Division, Depart	vision, Department, or Region (if applicable)					For Official	Use Only
County Adminis							
Street Address							
	tion Drive, Santa Ro						
Designated Age	ncy Contact (Name, Tit	tle)			Amendment (Mu	st provide explanation ir	n Part 3.)
	Michelle Arellano, Chief Deputy Clerk						
Area Code/Phone Number E-mail					Date of Original Filing:		
707-565-2241							
. Function, Eve	ent, or Ceremonia	al Role Information	tion				
Title <u>Sonoma</u> C	County Fair			Eaco V	alue of Each Adm	9.00 \$	
	<u> </u>						
Description Ac	Description Admission Ticket Date(s					08	4
	ssion(s) provided	by agency? Yes	🖸 No 🗖	If no: Sono	ma County Fair Board	ł	
Ticket(s)/Admi						a of Source	
Ticket(s)/Admi					Name	e of Source	
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	oution to persons i	dentified below r	nade at the	e behest of			
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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.)