

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Sonoma			
Division, Department, or Region (if applicable)			
County Administrator's Office			
Street Address			
575 Administration Drive, Santa Rosa, CA 95403			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Michelle Arellano, Chief Deputy Clerk		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
707-565-2241			

2. Function, Event, or Ceremonial Role Information

Title Sonoma County Fair Face Value of Each Admission \$ 9.00

Description Admission Ticket Date(s) 07 / 27 / 11 08 / 14 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: Sonoma County Fair Board
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Coursey, Chris	1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Public Purpose - Review Facility and Events	<input type="checkbox"/>
Davis, Grant	1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Public Purpose - Review Facility and Events	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

3. Verification

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.

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

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