

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> 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"/> <b>Amendment</b> (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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Meadows, Bruce	1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Public Purpose - Review Facility and Events Income <input type="checkbox"/>
Meadows, Sandy	1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Public Purpose - Review Facility and Events Income <input type="checkbox"/>
Meadows, Melissa	1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Public Purpose - Review Facility and Events Income <input type="checkbox"/>
Burg, Roni	1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Public Purpose - Review Facility and Events Income <input type="checkbox"/>
Haven, Kendall	1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Public Purpose - Review Facility and Events Income <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: Michelle Arellano 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.)