

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

A Public Document

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

2. Function, Event, or Ceremonial Role Information

Title Sonoma County Harvest Fair Face Value of Each Admission \$ 8.00

Description Daily Admission Ticket Date(s) 09 / 30 / 11 10 / 02 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: Sonoma County Harvest Fair
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. 	
Whitman, Michelle	4	Yes <input type="checkbox"/> No <input type="checkbox"/>	Public Purpose - Review Facility and Events	Income <input type="checkbox"/>
Carrillo, Efen	4	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public Purpose - Review Facility and Events	Income <input type="checkbox"/>
Faus, Sandra	2	Yes <input type="checkbox"/> No <input type="checkbox"/>	Public Purpose - Review Facility and Events	Income <input type="checkbox"/>
Leddy, Jim	2	Yes <input type="checkbox"/> No <input type="checkbox"/>	Public Purpose - Review Facility and Events	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		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.

_____ Michelle Arellano Chief Deputy Clerk 10/5/2011
 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.)*