

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

A Public Document

1. Agency Name County of Sonoma <hr/> Division, Department, or Region (if applicable) County Administrator's Office <hr/> Street Address 575 Administration Drive, Santa Rosa, CA 95403 <hr/> Designated Agency Contact (Name, Title) Michelle Arellano, Chief Deputy Clerk <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:25%; border: none;">Area Code/Phone Number</td> <td style="border: none;">E-mail</td> </tr> <tr> <td style="border: none;">707-565-2241</td> <td style="border: none;"></td> </tr> </table>	Area Code/Phone Number	E-mail	707-565-2241		Date Stamp	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">California Form 802</td> </tr> <tr> <td style="text-align: center; font-size: small;">For Official Use Only</td> </tr> </table>	California Form 802	For Official Use Only
Area Code/Phone Number	E-mail							
707-565-2241								
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		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>						

2. Function, Event, or Ceremonial Role Information

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

Description Parking Pass **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. 	
Martinsen, Devlin	1	Yes <input type="checkbox"/> No <input type="checkbox"/>	Public Purpose - Review Facility and Events	Income <input type="checkbox"/>
Scardaci, Rita	1	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"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		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	9/30/2011
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.)