

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

**A Public Document**

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

**2. Function, Event, or Ceremonial Role Information**

Title Sonoma County Harvest Fair      Face Value of Each Admission \$ 60.00

Description Grand Tasting Admission Ticket      Date(s) 09 / 30 / 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<br>(Last, First)<br>or<br>Organization<br>(Name, Address, Description) | Number of<br>Admission(s)/<br>Ticket(s) | Agency<br>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> |                                 |
|---|---|--|--|---------------------------------|
| Whitman, Michelle   | 2                                       | Yes <input type="checkbox"/><br>No <input type="checkbox"/>            | Public Purpose - Review Facility and Events  | Income <input type="checkbox"/> |
| Carrillo, Efren   | 2                                       | Yes <input checked="" type="checkbox"/><br>No <input type="checkbox"/> | Public Purpose - Review Facility and Events  | Income <input type="checkbox"/> |
| Boyer, Starlene   | 2                                       | Yes <input type="checkbox"/><br>No <input type="checkbox"/>            | Public Purpose - Review Facility and Events  | Income <input type="checkbox"/> |
| Krout, Andrea   | 2                                       | Yes <input type="checkbox"/><br>No <input type="checkbox"/>            | Public Purpose - Review Facility and Events  | Income <input type="checkbox"/> |
| Saunders, Terri   | 2                                       | Yes <input type="checkbox"/><br>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.*

\_\_\_\_\_      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.)*