## Agency Report of: Ceremonial Role Events and Τ

Tio	cket/Admission Distributions	5					ocumen	
1.	Agency Name				Date Stamp	California	802	
	County of Sonoma		Form					
	Division, Department, or Region (if applicable)					For Official	Use Only	
	County Administrator's Office							
	Street Address							
	575 Administration Drive, Santa Rosa,	CA 95403						
	Designated Agency Contact (Name, Title)				Amendment (Mus	st provide explanation ir	n Part 3.)	
	Michelle Arellano, Chief Deputy Clerk							
	Area Code/Phone Number E-mail			Date of Original Filing:(month, day, year)		ar)		
	707-565-2241							
2.	Function, Event, or Ceremonial Role Information							
	Title Sonoma County Harvest Fair Face V				/alue of Each Adm	ission \$ _100.00	)	
	Description Harvest Awards Dinner Date(s				) 09 / 24 / 11	//	/	
	Ticket(s)/Admission(s) provided by agency? Yes D No I If no: Taft Street Winery						0.5	
	rickel(s)/Aumssion(s) provided by a	genegi iee			Manaa	of Course		
	Ticket(s)/Admission(s) provided by a	.genegi iee			Name	of Source		
					Name			
	Was the distribution to persons iden				Name			
	Was the distribution to persons iden	tified below n	nade at th	e behest of	Name			
	Was the distribution to persons iden	tified below n	nade at th	e behest of	Name			
	Was the distribution to persons iden	ntified below n	nade at th Name (Last,	e behest of	Name			
	Was the distribution to persons iden Yes  No  If yes:	ntified below n	nade at th Name (Last,	e behest of First) and Title	an agency official	<b>?</b> y official claims admis		
	Was the distribution to persons iden Yes □ No ☑ If yes: The identity of recipient(s) and th Name (Last, First)	Official's Official's ne explanatio	nade at th Name (Last, on: Agency	e behest of First) and Title • Check th taxable in	e income box if the agency	<b>?</b> y official claims admis		
	Was the distribution to persons iden Yes □ No ☑ If yes: The identity of recipient(s) and th Name	otified below n Official's ne explanatic	nade at th Name (Last, on:	First) and Title  Check th taxable in also prov If not ince	e income box if the agency ncome. If the agency offic ride a description. ome, describe the public p	Y official claims admis ial performed a cerem purpose, including	ionial role,	
	Was the distribution to persons iden Yes □ No ☑ If yes: The identity of recipient(s) and the Name (Last, First) or	Official's Official's ne explanation Number of Admission(s)/	nade at th Name (Last, on: Agency	First) and Title  Check th taxable in also prov If not ince	e income box if the agency ncome. If the agency offic ride a description. ome, describe the public p ial roles, performed by an	Y official claims admis ial performed a cerem purpose, including	ionial role,	
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	Was the distribution to persons iden Yes □ No ☑ If yes: The identity of recipient(s) and th Name (Last, First) or Organization	Official's Official's ne explanation Number of Admission(s)/	nade at th Name (Last, on: Agency Official	e behest of First) and Title • Check th taxable in also prov • If not inc. ceremoni organizat	e income box if the agency ncome. If the agency offic ride a description. ome, describe the public p ial roles, performed by an	y official claims admis ial performed a cerem purpose, including agency official, indivi	onial role, dual, or	
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	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.)

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