

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> <small>For Official Use Only</small>
County of Sonoma			
Division, Department, or Region <i>(If Applicable)</i>			
County Administrator's Office			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i>  Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
575 Administration Drive, Santa Rosa, CA 95403			
Area Code/Phone Number	E-mail		
707-565-2241	marellan@sonoma-county.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$7 Adm / \$5 Park

Event Description Santa Rosa Red White & BOOM 2012      Date(s) 7 / 4 / 12      7 / 4 / 12  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Active 20-30 Club of Santa Rosa  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes       If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit.    • Use Section B to identify an individual.    • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
County Administrator's Office	2 Adm +	Ticket Policy Section III A.
	1 Park	
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

	Michelle Arellano	County Ticket Administrator	6/29/2012
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>