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

A Public Document

1. Agency Name

County of Sonoma

Division, Department, or Region *(If Applicable)*

County Administrator's Office

Designated Agency Contact *(Name, Title)*

575 Administration Drive, Santa Rosa, CA 95403

Area Code/Phone Number	E-mail
707-565-2241	marellan@sonoma-county.org

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: _____ *(Month, Day, Year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ $30 Admission/$50 VIP

Event Description Resorts in Bloom Garden Tour *Provide Title/Explanation*

Date(s) 6 / 8 / 12 6 / 10 / 12

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: West County Health Centers *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 of Sonoma Board of Supervisors	10 Adm	Public Purpose - Review Facility and Events
County of Sonoma Board of Supervisors	6 VIP	Public Purpose - Review Facility and Events

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

[redacted] 44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Arellano	County Ticket Administrator	6/1/2012
Print Name	*Title*	*(Month, Day, Year)*