

**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> For Official Use Only
County of Sonoma			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \$15 Adm / \$5 Park

Event Description Sonoma-Marin Fair Admission Date(s) 6 / 20 / 12 6 / 20 / 12  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Sonoma-Marin Fair Board  
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	2 Adm +	Public Purpose - Review Facility and Events
	1 Park	
B. Name of Individual (Last, First)	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 (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

\_\_\_\_\_ 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Michelle Arellano County Ticket Administrator 5/30/2012  
Print Name Title (Month, Day, Year)