

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

A Public Document

1. Agency Name County of Sonoma Division, Department, or Region <i>(If Applicable)</i> County Administrator's Office Designated Agency Contact <i>(Name, Title)</i> 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
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> 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 \$ \$20 Admis /\$250 VIP/\$5 Parking

Event Description Wings Over Wine Country Air Show Date(s) 8 / 17 / 13 8 / 18 / 13
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Wings Over Wine Country
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	21 Adm	Ticket Policy Section III F
Board of Supervisors Office	18 Adm	Ticket Policy Section III F
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
McGuire, Mike	2 VIP	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
	1 Park	Ticket Policy Section III H
Gorin, Susan	2 VIP	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
	1 Park	Ticket Policy Section III H
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	8/20/2013
	Print Name	Title	(Month, Day, Year)

Agency Report of:
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 Continuation Sheet

Agency Name _____
 County of Sonoma

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
Local Agency Formation Commission	1 Adm	Ticket Policy Section III F
County Administrator's Office	2 VIP/1 Park	Ticket Policy Section III F
Board of Supervisors Office	2 VIP/1 Park	Ticket Policy Section III F
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"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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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