

**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 \$ _____ **\$300**

Event Description Gala Renee Fleming Date(s) 9 / 15 / 13 9 / 15 / 13
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Sonoma State University
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
Board of Supervisors Office	1	Ticket Policy III F
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Zane, Shirlee	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Ticket Policy III F
		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

Signature of Agency Head or Designee

Michelle Arellano County Ticket Administrator 9/16/13
Print Name Title (Month, Day, Year)