Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Sonoma Form For Official Use Only Division, Department, or Region (if applicable) County Administrator's Office Designated Agency Contact (Name, Title) 575 Administration Drive, Santa Rosa, CA 95403 Amendment (Must Provide Explanation in Part 3.)

707-565-2241 bos@sonoma-county.org 2. Function or Event Information Does the agency have a ticket policy? Yes 🕅 No 🗌 Event Description: <u>Sonoma</u> County Fair

E-mail

Does the agency have a ticket policy?	Yes 🕅 No 🗖	Face Value of Each Ticket/Pass \$	\$13
Event Description: <u>Sonoma County Fair</u>		Date(s) 07 / 28 / 21	08 / 08 / 21
	tle/ Explanation	If no: Sonoma County Fair Board	//////
		Name of Source	
Was ticket distribution made at the behest		Official's Name (Last, First)	

Date of Original Filing:

08/20/2021

(month, day, year)

3. Recipients

of agency official?

Area Code/Phone Number

• 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.
ose section A to racinity the agency's department of ante.		ose section e to racintity an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s) Passes	Describe the public purpose made pursuant to the agency's policy
See	e Attached List		Ticket Policy Section III B
в.	Name of Individual (Last, First)	Number of Ticket(s) Passes	Identify one of the following:
See	Attached List		Ceremonial Role Other I Income Income Treket Policy Section III D and F
			Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s) Passes	Describe the public purpose made pursuant to the agency's policy
See	e Attached List		Ticket Policy Section III H

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.

Marcie Woychik	Marcie Woychik	County Ticket Administrator	08/20/2021
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

Print

Ticket Distribution 2021		
		Admission \$13
Name/Organization	Address/URL	
Requested Distribution to Non-Profit, City, School (List	agency name and website link or address)	
	Chop's 509 Adams Street Santa Rosa, CA 95401	
CHOPs	www.chopsteenclub.org	10
	1557 Healdsburg Ave #13, Healdsburg, CA 95448	
Corazon Healdsburg	www.corazonhealdsburg.org	10
Distributed to Individuals (list names)		
Jamie Waterman		1
Jessica Waterman		1
Total Distributed		22