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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 Adminstration Drive, Santa Rosa, CA 95403

Area Code/Phone Number	**E-mail**
707-565-2241	roxanne.epstein@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 $ 90.00

Event Description Love of the Land
Provide Title/Explanation

Date(s) 7 / 16 / 15 ___/___/___

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

If no: Sonoma County Farm Bureau
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 H

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Whitman, Michelle	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Ticket Policy III H
		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

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.

Roxanne Epstein	Roxanne Epstein	County Ticket Administrator	7/21/2015
Signature of Agency Head or Designee	*Print Name*	*Title*	*(Month, Day, Year)*

Comment: https://sonomafb.org//Annual+Events/Love+of+the+land.htm