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Print Form

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** 1. Agency Name California Date Stamp Form County of Sonoma 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.) Area Code/Phone Number E-mail Date of Original Filing: . 707-565-2241 roxanne.epstein@sonoma-county.org (Month, Day, Year) 2. Function or Event Information 165.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Sonoma Wine Country Weekend 2015 5 15 9 9 Event Description Date(s) _ Provide Title/Explanation If no: Sonoma County Vintners Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source Was ticket distribution made at the behest No 🛛 Yes 🗌 If yes: _ of agency official? 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. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Board of Supervisors Office Ticket Policy III F 10 Number of Name of Individual В. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other X Income Rabbitt, David If checking "Ceremonial Role" or "Other" describe below: 4 Ticket Policy III F Other 🗙 Ceremonial Role Income Carrillo, Efren If checking "Ceremonial Role" or "Other" describe below: 2 Ticket Policy III F Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) 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 County Ticket Administrator 9/7/15 Roxanne Epstein Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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A Public Document

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Agency Report of:

-	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802	
	County of Sonoma					
	Division, Department, or Region (If Applicable)				For Official Use Only	
	County Administrator's Office					
	Designated Agency Contact (Name, Title)					
	575 Administration Drive, Santa Rosa, CA 95403					
	Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)		
	707-565-2241 roxanne.epst	na-county.org	Date of Original Filing:(Month, Day, Year)			
2.	Function or Event Information					
	Does the agency have a ticket policy? Yes 🛛 No 🗌 Face Value of			f Each Ticket/Pass \$ _	165.00	
	Event Description Sonoma Wine Country V Provide Title/Expla	<u> </u>	<u>9 / 5 / 15</u>			
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Sonom			na County Vintners Gu Name of So	urce	
	Was ticket distribution made at the behest No X Yes I If yes:					
	of agency official?			Official's Name (I	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	epartment or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made		lic purpose made pursuant	to the agency's policy	
	Board of Supervisors Office	10	Ticket Policy III F			
	(page 2)					
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:	
			Ceremonial Role	Other 🗙	Income	
	Staff	4	-	ial Role" or "Other" describe below:		
			Ticket Policy I	11 F		
			Ceremonial Role If checking "Ceremon	Other D	Income	
	C. Name of Outside Organization (include address and description)		Describe the pub	Describe the public purpose made pursuant to the agency's policy		
_	Verification					

Roxanne Epstein	Roxanne Epstein	County Ticket Administrator	9/7/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: http://sonomawinecountryweekend.com/about-us/