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#### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 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 18.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes 🛛 No 🗆 Event Description Wings over the Wine Country 26 15 9 27 15 9 Date(s). Provide Title/Explanation If no: Pacific Coast Air Museum 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: 2 Other X Ceremonial Role Income Carrillo, Efren If checking "Ceremonial Role" or "Other" describe below: 2 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 4 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 Chief Deputy Clerk of the Bd 9/28/15 Signature of Agency Head or Designee Print Name Title (Month, Day, Year) http://wingsoverwinecountry.org/ Comment:



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# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Gorin, Susan	2	Ceremonial Role Other Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Gore, James	2	Ceremonial Role Other Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Staff	2	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income I 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