

Agency Report of:  
 Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name

City of Santa Rosa

Division, Department, or Region (If Applicable)

Terni Griffin, City Clerk

Designated Agency Contact (Name, Title)

City Manager's Office

Area Code/Phone Number

707-543-3010

E-mail

tgriffin@srcity.org

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Date Stamp

AUG 18 2014

California Form 802

For Official Use Only

CITY OF SANTA ROSA  
 CITY CLERK'S OFFICE

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: 8/18/2014  
 (Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes  No

Face Value of Each Ticket/Pass \$ \$10<sup>00</sup> adm / \$5 pkg

Event Description Sonoma County Fair  
 Provide Title/Explanation

Date(s) 7, 24, 2014 8, 10, 2014

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

If no: \_\_\_\_\_  
 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

City of Santa Rosa

City Manager's Office

3 adm 2 pkg Fair tickets for ceremonial purposes Admission/parking

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:

Kathleen A. Millison

3 admission 2 parking Ceremonial Role  Other  Income   
 If checking "Ceremonial Role" or "Other" describe below: VIP luncheon + acknowledgement for community leaders

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

Sonoma County Fair  
 1300 Bennett Valley Rd  
 Santa Rosa CA 95405

3 adm 2 pkg Fair tickets for ceremonial purposes Admission/parking

I and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Kathleen A Millison  
 Print Name

City Manager  
 Title

08/18/2014  
 (Month, Day, Year)

Comment: \_\_\_\_\_