**Agency Name:**
City of Santa Rosa

**Division, Department, or Region (if applicable):**

**Designated Agency Contact (Name, Title):**
Daisy Ayala, City Clerk

**Area Code/Phone Number:** 707-543-3015
**E-mail:** cityclerk@santa-rosa.org

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**Function or Event Information**

- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description:** Sonoma County Fair
- **Face Value of Each Ticket/Pass:** $13.00
- **Date(s):** 8/12/17
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **If no:** Sonoma County Event Center at the Fairgrounds
  **Name of Source:**
  **Official's Name (Last, First):**

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**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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

### B.

- **Name of Individual (Last, First):** Esquivel, Jenica
- **Number of Ticket(s)/Passes:** 2
- **Identify one of the following:**
  - Ceremonial Role: [ ]
  - Other [x]: Ticket & Pass Distribution (Away #36) [#]

### 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:**

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**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 regulations.

**Signature of Agency Head or Designee:**
Sean McGlynn

**City Manager:**

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**Comment:**