

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp <b>RECEIVED</b>  2009 MAY 22 A 8 10  CITY OF DANA POINT	California <b>802</b> Form For Official Use Only
City of Dana Point			
Division, Department, or Region (if applicable)			
Street Address			
33282 Golden Lantern, DP 92629			
Area Code/Phone Number	E-mail		
949-248-3500	kward@danapoint.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title)		Date of Original Filing: <u>5/22/09</u> (month, day, year)	
Kathy Ward, City Clerk			

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 4 / 29 / 09 Description of Event: Orange County Tourism Council Conference luncheon

Face Value of Ticket: \$ 75.00

Agency Event  Yes  No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Orange County Tourism Council Conference (luncheon seats)

Number of Tickets Received: 3 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
See continuation sheet	3	See continuation sheet

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: n/a

Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
\_\_\_\_\_

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Kathy Ward Kathy Ward City Clerk 5/22/09  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
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