

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b> City of Dana Point Division, Department, or Region (if applicable)		Date Stamp <b>RECEIVED</b> 2010 SEP 29 A 10: 36 CITY OF DANA POINT	<b>California Form 802</b> For Official Use Only
Street Address 33282 Golden Lantern, DP 92629			
Area Code/Phone Number 949/248-3505	E-mail kward@danapoint.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: <u>9/29/10</u> (month, day, year)	
Agency Contact (name and title) Kathy Ward, City Clerk			

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

Date(s) of Event: 9 / 26 / 10 Description of Event: Doheny State Beach Interpretive Membership Cruise  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 25.00

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: Doheny State Beach Interpretive Association  
 Number of Tickets Received: 1 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	1	See continuation sheet

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

Name of Behesting Agency Official: \_\_\_\_\_  
 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 9/29/10  
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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