

**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

A Public Document

1. Agency Name City of Dana Point		RECEIVED Date Stamp 2011 FEB 24 A 8:52	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 33282 Golden Lantern, Dana Point, CA 92629		CITY OF DANA POINT	
Designated Agency Contact (Name, Title) Kathy Ward, City Clerk		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>2/28/11</u> <small>(month, day, year)</small>	
Area Code/Phone Number 949/248-3505	E-mail kward@danapoint.org		

2. Function, Event, or Ceremonial Role Information

Title Assoc. of CA Cities Mtg & Dinner Face Value of Each Admission \$ 55.00

Description Same as noted in title above Date(s) 2 / 10 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: Association of CA Cities
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Bartlett, Lisa	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public Purpose - see continuation sheet	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

	<u>Kathy Ward</u>	<u>City Clerk</u>	<u>2/28/11</u>
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.)