

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

A Public Document

1. Agency Name		RECEIVED Date Stamp 2011 MAR 30 A 7:46 CITY OF DANA POINT	California Form 802 For Official Use Only
City of Dana Point Division, Department, or Region (if applicable)			
Street Address 33282 Golden Lantern, Dana Point, CA 92629			
Designated Agency Contact (Name, Title) Kathy Ward, City Clerk		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 949/248-3505	E-mail kward@danapoint.org	Date of Original Filing: 3/30/11 <small>(month, day, year)</small>	

2. Function, Event, or Ceremonial Role Information

Title Orange Coast Mayors Breakfast Face Value of Each Admission \$ \$35.00

Description Mayors Prayer Breakfast Date(s) 3 / 24 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: Orange Coast Christian Outreach
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. 	Income
Schoeffel, Scott	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public Purpose - see continuation sheet	<input type="checkbox"/>
Bartlett, Lisa	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public Purpose - see continuation sheet	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<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.


 Kathy Ward _____ City Clerk _____ 3/30/11
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.)