

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

A Public Document

1. Agency Name			California Form 802 <small>For Official Use Only</small>
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: <u>4/25/11</u> <small>(month, day, year)</small>	

2. Function, Event, or Ceremonial Role Information

Title O.C. Sheriff's Medal of Valor Face Value of Each Admission \$ 65.00

Description Medal of Valor luncheon Date(s) 4 / 7 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: Orange County Sheriff
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. 	
See continuation sheet	3	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	See continuation sheet	Income <input type="checkbox"/>
See continuation sheet	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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"/>

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 Kathy Ward City Clerk 4/25/11
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.)