

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

A Public Document

1. Agency Name

RECEIVED Date Stamp

California Form 802
For Official Use Only

City of Dana Point
Division, Department, or Region (if applicable)

2011 MAY 18 P 4: 16

Street Address

33282 Golden Lantern, Dana Point, CA 92629

CITY OF DANA POINT

Designated Agency Contact (Name, Title)

Kathy Ward, City Clerk

Amendment (Must provide explanation in Part 3.)

Area Code/Phone Number

949/248-3505

E-mail

kward@danapoint.org

Date of Original Filing: 4/25/11
(month, day, year)

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	5	Yes <input checked="" type="checkbox"/> No <input 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"/>
		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 Signature of Agency Head or Designee
Kathy Ward Print Name
City Clerk Title
5/11/11 (month, day, year)

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

Correction of number of agency officials.