

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

A Public Document

1. Agency Name <u>City of Dana Point</u>		RECEIVED Date Stamp 2011 MAY 18 P 4: 10	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address <u>33282 Golden Lantern, #203, D.P.</u>		CITY OF DANA POINT	
Designated Agency Contact (Name, Title) <u>Kathy Ward, City Clerk</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number <u>949/248-3505</u>	E-mail <u>KWard@danapoint.org</u>	Date of Original Filing: <u>5/18/11</u> (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title 2nd Annual O.C. CA Wine Festival Face Value of Each Admission \$ 100/75

Description O.C. CA Wine Festival Date(s) 4/30/11

Ticket(s)/Admission(s) provided by agency? Yes No If no: O.C. CA Wine Festival
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	Income
<u>See continuation sheet</u>	<u>18</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>See continuation sheet</u> <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 Kathy Ward City Clerk 5/18/11
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.)