

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

**A Public Document**

<b>1. Agency Name</b>		RECEIVED 2011 JUN 30 P 2:15 CITY OF DANA POINT	Date Stamp	<b>California Form 802</b> For Official Use Only
City of Dana Point				
Division, Department, or Region (if applicable)				
Street Address		33282 Golden Lantern, Suite 203, Dana Point, CA 92629		
Designated Agency Contact (Name, Title)		Kathy Ward, City Clerk		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>6/30/11</u> (month, day, year)
Area Code/Phone Number	E-mail			
949/248-3505	kward@danapoint.org			

**2. Function, Event, or Ceremonial Role Information**

Title D.P. Concours d'Elegance Face Value of Each Admission \$ 35.00 - 150.00

Description D.P. Concours d'Elegance Date(s) 6/26/11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: Concours d'Elegance  
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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
See Continuation Sheet	17	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 City Clerk 6/30/11  
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.)