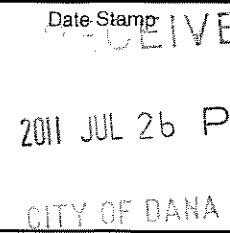


**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

A Public Document

1. Agency Name		Date Stamp  California Form 802 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		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>7/26/11</u> <small>(month, day, year)</small>
Designated Agency Contact (Name, Title)		
Kathy Ward, City Clerk		
Area Code/Phone Number	E-mail	
949/248-3505	kward@danapoint.org	

2. Function, Event, or Ceremonial Role Information

Title ACCOC Meeting Face Value of Each Admission \$ 50.00

Description Assoc. of CA Cities O.C. meeting Date(s) 07 / 14 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: ACCOC
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
Bartlett, Lisa	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public Purpose - promoting the improvement of	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	intergovernmental relations by encouraging	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	City officials to attend...	<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
7/26/11
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.)