

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

RECEIVED 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)		2011 SEP 28 A 8:54	
Street Address		CITY OF DANA POINT	
33282 Golden Lantern, Suite 203			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3)	
Kathy Ward, City Clerk		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
949/248-3505	kward@danapoint.org		

2. Function, Event, or Ceremonial Role Information

Title Doheny Days Music Festival Face Value of Each Admission \$ 200.00

Description Doheny Days Music Festival Date(s) 9 / 10 / 11 9 / 11 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: Omega Events
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	20	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 Kathy Ward City Clerk 9/28/11
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.)