

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

A Public Document

1. Agency Name		RECEIVED Date Stamp 2011 OCT 31 A 11:40 CITY OF DANA POINT	California Form 802 For Official Use Only
City of Dana Point			
Division, Department, or Region (if applicable)			
Street Address			
33282 Golden Lantern			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Kathy Ward, City Clerk		Date of Original Filing: 10/31/11	
Area Code/Phone Number	E-mail	(month, day, year)	
949/248-3505	kward@danapoint.org		

2. Function, Event, or Ceremonial Role Information

Title Taste of Brews Face Value of Each Admission \$ 60.00

Description Taste of Brews event Date(s) 10 / 15 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: Taste of Brews
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. 	
Schoeffel, Scott	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	See continuation sheet	Income <input type="checkbox"/>
Bartlett, Lisa	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	See continuation sheet	Income <input type="checkbox"/>
See continuation sheet	12	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	See continuation sheet	Income <input type="checkbox"/>
	12	Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
	12	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 10/31/11
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.)