

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

**A Public Document**

<b>1. Agency Name</b> City of Dana Point		Date-Stamp <input type="checkbox"/> <b>ED</b> 2011 NOV 29 A 9:34 CITY OF DANA POINT	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 33282 Golden Lantern, Suite 203			
Designated Agency Contact (Name, Title) Kathy Ward, City Clerk		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 949/248-3505	E-mail kward@danapoint.org	Date of Original Filing: <u>11-29-11</u> (month, day, year)	

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

Title DP Chamber Turkey Trot Face Value of Each Admission \$ 20.00

Description Turkey Trot Reception Date(s) 11 / 17 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: Dana Point Chamber of Commerce  
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
See Continuation sheet	6	Yes <input checked="" type="checkbox"/> No <input checked="" 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 11/29/11  
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.)