

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

**A Public Document**

<b>1. Agency Name</b> City of Dana Point Division, Department, or Region (If Applicable)		Date Stamp CITY OF DANA POINT 2016 NOV -2 P 3:19 RECEIVED CITY CLERK'S DEPARTMENT	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;"> <b>California Form 802</b> </td> </tr> <tr> <td style="text-align: center; padding: 5px;">                     For Official Use Only                 </td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)                 </td> </tr> <tr> <td style="padding: 5px;">                     Date of Original Filing: <u>11-2-16</u>                      (Month, Day, Year)                 </td> </tr> </table>	<b>California Form 802</b>	For Official Use Only	<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	Date of Original Filing: <u>11-2-16</u> (Month, Day, Year)
<b>California Form 802</b>							
For Official Use Only							
<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)							
Date of Original Filing: <u>11-2-16</u> (Month, Day, Year)							
Designated Agency Contact (Name, Title) Kathy Ward, City Clerk							
Area Code/Phone Number 949-248-3505	E-mail kward@danapoint.org						

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 140.00

Event Description Pet Project Tail of Two Cities Ball    Date(s) 10 / 30 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Pet Project Foundation  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
See Continuation Sheet	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promotion of open government by City Officials appearances at...
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Signature of Agency Head or Designee	Kathy Ward Print Name	City Clerk Title	11/2/16 (Month, Day, Year)
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FORM 802  
CONTINUATION FORM  
October 1-31, 2016

Date	Event	Public Purpose or Income	Ticket Recipient	Location	Attendees	Amount	Provided to City (gratuitous/city paid)	Tickets
10/30/2016	Pet Project Foundation Tail of Two Cities Halloween Ball	Promotion of open government by City Officials appearances at ....	Scott Schoeffel	Bell Colina Golf Course San Clemente	Council Member	\$140.00	City Sponsor	2