

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

**A Public Document**

<b>1. Agency Name</b> City of Dana Point		Date Stamp  CITY OF DANA POINT 2018 DEC 19 AM 11:54	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title) Kathy Ward, City Clerk		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: 12/19/18 <small>(month, day, year)</small>	
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 \$ 20.00

Event Description: D.P. Chamber Mixer Date(s) 12 / 6 / 18  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: D.P. Chamber of Commerce  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  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)/ Passes	Describe the public purpose made pursuant to the agency's policy
See Continuation Sheet	2	Promotion of open government by City Officials appearances at...
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		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 (include address and description)	Number of Ticket(s)/ Passes	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.


Kathy Ward
City Clerk
12/19/18  
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: \_\_\_\_\_

