

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

|   |                               |  |   |
|---|-------------------------------|--|---|
| <b>1. Agency Name</b><br>City of Dana Point               |                               | Date Stamp<br><b>RECEIVED</b><br>2010 OCT 25 P 4: 11                               | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)           |                               |  |   |
| Street Address<br>33282 Golden Lantern, DP 92629          |                               |  |   |
| Area Code/Phone Number<br>949/248-3505                    | E-mail<br>kward@danapoint.org | CITY OF DANA POINT<br><input type="checkbox"/> Amendment (Must explain in Part 5.) |   |
| Agency Contact (name and title)<br>Kathy Ward, City Clerk |                               | Date of Original Filing: 10/25/10<br>(month, day, year)                            |   |

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 10 / 3 / 10 Description of Event: Dana Point Historical Society Home Tour  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 40.00

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: Dana Point Historical Society  
 Number of Tickets Received: 5 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution |
|--------------------------------|-------------------|--|
| See continuation sheet         | 5                 | See continuation sheet   |
|                                |                   |  |
|                                |                   |  |

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: \_\_\_\_\_  
 Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_  
 Description of Organization: \_\_\_\_\_  
 Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
 \_\_\_\_\_

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Kathy Ward Kathy Ward City Clerk 10/25/10  
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.)  
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