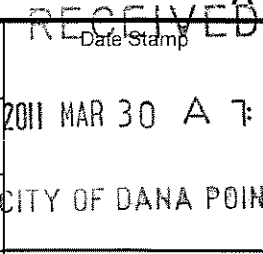


**Agency Report of:  
Ceremonial Role Events and  
Ticket/Admission Distributions**

A Public Document

<b>1. Agency Name</b>			<b>California Form 802</b> <small>For Official Use Only</small>
City of Dana Point			
Division, Department, or Region (if applicable)			
Street Address		CITY OF DANA POINT	
33282 Golden Lantern, Dana Point, CA 92629			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: <u>3/30/11</u> <small>(month, day, year)</small>	
Kathy Ward, City Clerk			
Area Code/Phone Number	E-mail		
949/248-3505	kward@danapoint.org		

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

Title South O.C. School of the Arts Face Value of Each Admission \$ \$150.00

Description SOCSA Opera Night Date(s) 3 / 27 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: South O.C. School of the Arts (SOCSA)  
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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Bartlett, Lisa	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public Purpose - see continuation sheet	<input type="checkbox"/>
Schoeffel, Scott	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public Purpose - see continuation sheet	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<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 \_\_\_\_\_ 3/30/11  
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.)