

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

Public Document

1. Agency Name		<p>RECEIVED Date Stamp 2011 MAR 30 A 7:46</p>	<p>California Form 802 For Official Use Only</p>
City of Dana Point			
Division, Department, or Region (if applicable)		CITY OF DANA POINT	
Street Address		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
33282 Golden Lantern, Dana Point, CA 92629		Date of Original Filing: <u>3/30/11</u> (month, day, year)	
Designated Agency Contact (Name, Title)			
Kathy Ward, City Clerk			
Area Code/Phone Number	E-mail		
949/248-3505	kward@danapoint.org		

2. Function, Event, or Ceremonial Role Information

Title 5th Marine Dinner for Col. Buhl Face Value of Each Admission \$ \$30.00

Description Farewell Dinner to Col. Buhl Date(s) 3 / 21 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: 5th Marine Regiment
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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Schoeffel, Scott	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public Purpose - see continuation sheet	Income <input type="checkbox"/>
Bartlett, Lisa (Mayor)	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public Purpose - see continuation sheet	Income <input type="checkbox"/>
Brough, William	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public Purpose - see continuation sheet	Income <input type="checkbox"/>
Weinberg, Steven	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public Purpose - see continuation sheet	Income <input type="checkbox"/>
Levy, Mark	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public Purpose - see continuation sheet	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 _____ 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.)

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Chotkevys, Douglas	1	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"/>
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