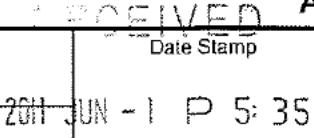


**Agency Report of:  
Ceremonial Role Events and  
Ticket/Admission Distributions**

**A Public Document**

<b>1. Agency Name</b> City of Dana Point Division, Department, or Region (if applicable)		 Date Stamp 2011 JUN -1 P 5:35	<b>California Form 802</b> For Official Use Only
Street Address 33282 Golden Lantern, Suite 203, Dana Point, CA 92629			
Designated Agency Contact (Name, Title) Kathy Ward, City Clerk		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: <u>6/1/11</u> (month, day, year)	
Area Code/Phone Number 949/248-3505	E-mail kward@danapoint.org		

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

Title O.C. Tourism Council Conf. Face Value of Each Admission \$ 75.00

Description O.C. Tourism Council Conf. Date(s) 5 / 11 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: O.C. Tourism Council  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Mike Killebrew, Assistant City Mgr.  
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
Laura Ouiment, DP Chamber	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	See continuation sheet <a href="#">Link</a>	<input type="checkbox"/>
Russell Kerr, DP Chamber	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	See continuation sheet	<input type="checkbox"/>
Kelly Straine, DP Chamber	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	See continuation sheet	<input type="checkbox"/>
	1	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
	1	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 6/1/11  
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.)