

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

A Public Document

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1. Agency Name City of Dana Point Division, Department, or Region (if applicable)		Date Stamp 2011 JUN 30 P 2:15 CITY OF DANA POINT	California Form 802 For Official Use Only
Street Address 33282 Golden Lantern, Suite 203, Dana Point, CA 92629 Designated Agency Contact (Name, Title) Kathy Ward, City Clerk			
Area Code/Phone Number 949/248-3505	E-mail kward@danapoint.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: 6/30/11 (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title S OC Chamber Econ Summit Face Value of Each Admission \$ 45.00

Description OC Chamber Economic Summit Date(s) 6 / 17 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: S OC Chamber of Commerce
Name of Source

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


Yes No If yes: Doug Chothevys, City Manager
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.
Diane Harkey	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	See Continuation Sheet Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	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
Signature of Agency Head or Designee

Kathy Ward
Print Name

City Clerk
Title

6/30/11
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)