

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

A Public Document

1. Agency Name City of Dana Point Division, Department, or Region (if applicable)		RECEIVED Date Stamp 2011 AUG 31 P 5:00 CITY OF DANA POINT	California Form 802 For Official Use Only
Street Address 33282 Golden Lantern, Suite 203, Dana Point 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: 8/31/11 <small>(month, day, year)</small>	

2. Function, Event, or Ceremonial Role Information

Title Great Park Opening Reception Face Value of Each Admission \$ 67.00

Description Great Park Reception Date(s) 8 / 6 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
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. 	
See continuation sheet	1	Yes <input checked="" type="checkbox"/> No <input 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 _____ City Clerk _____ 8/31/11 _____
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.)