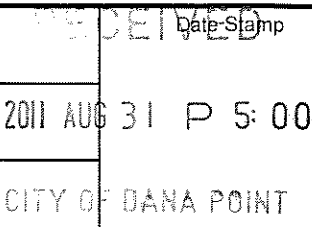


**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

A Public Document

1. Agency Name			California Form 802 For Official Use Only
City of Dana Point Division, Department, or Region (if applicable)			
Street Address 33282 Golden Lantern, Suite 203, Dana Point		CITY OF DANA POINT	
Designated Agency Contact (Name, Title) Kathy Ward, City Clerk		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 949/248-3505	E-mail kward@danapoint.org	Date of Original Filing: <u>8/31/11</u> (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title 5th Marine Regiment Movie Face Value of Each Admission \$ 35.00

Description Fundraiser Movie Date(s) 8/24/11

Ticket(s)/Admission(s) provided by agency? Yes No If no: 5th Marine Regiment Support Group
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	8	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.)