

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

A Public Document

1. Agency Name City of Dana Point Division, Department, or Region <i>(if applicable)</i>		Date Stamp 2011 OCT 31 A 11:40 CITY OF DANA POINT	California Form 802 For Official Use Only
Street Address 33282 Golden Lantern Designated Agency Contact <i>(Name, Title)</i> Kathy Ward, City Clerk		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: 10/31/11 <i>(month, day, year)</i>	
Area Code/Phone Number 949/248-3505	E-mail kward@danapoint.org		

2. Function, Event, or Ceremonial Role Information

Title Taste of Brews Face Value of Each Admission \$ 60.00

Description Taste of Brews event Date(s) 10 / 15 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: Taste of Brews
Name of Source

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

Yes No If yes: Killebrew, Mike Assistant 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. 	
Nedler, Ken - DHHS official	2	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 City Clerk 10/31/11
 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.)*