

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

A Public Document

1. Agency Name City of Dana Point Division, Department, or Region <i>(if applicable)</i> Designated Agency Contact <i>(Name, Title)</i> Kathy Ward, City Clerk Area Code/Phone Number E-mail [REDACTED]	Date Stamp CITY OF DANA POINT 2019 JAN 30 P 3:22 For Official Use Only California 802 Form <input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> CITY CLERK'S DEPARTMENT Date of Original Filing: 1/30/19 <i>(month, day, year)</i>
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2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 25.00

Event Description: ACC-OC City Leader Reception Date(s) 1 / 10 / 19 _____/_____/_____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: ACC-OC
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
See Continuation Sheet	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Promotion of open government by City Officials appearances at...
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[REDACTED] Kathy Ward City Clerk 1/30/19

 Print Name Title *(month, day, year)*

Comment: _____

