

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

A Public Document

1. Agency Name City of Dana Point Division, Department, or Region (if applicable)		Date Stamp RECEIVED 2024 SEP 16 PM 4:47	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) Shayna Sharke, City Clerk		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 949-248-3505	E-mail sssharke@danapoint.org	Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

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

Event Description: DP Chamber Networking Soon Date(s) 8 / 1 / 2024

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
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
<u>City Staff</u>	1	Promotion of open government by City Officials' appearances at...
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
<u>Killebrew, Mike</u>	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	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.

Signature of Agency Head or Designee	Shayna Sharke Print Name	City Clerk Title	<u>9/16/2024</u> (month, day, year)
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Comment: _____