

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

A Public Document

1. Agency Name		RECEIVED <small>Date Stamp</small> 2011 MAR 30 A 7:46	California Form 802 For Official Use Only
City of Dana Point			
Division, Department, or Region (if applicable)			
Street Address			
33282 Golden Lantern, Dana Point, CA 92629			
Designated Agency Contact (Name, Title)			
Kathy Ward, City Clerk			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
949/248-3505	kward@danapoint.org	Date of Original Filing: 3/30/11 <small>(month, day, year)</small>	

2. Function, Event, or Ceremonial Role Information

Title Association of CA Cities Dinner Face Value of Each Admission \$ \$55.00

Description O.C. Reception & Dinner Date(s) 3 / 10 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: Association of CA Cities
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. 	
Bartlett, Lisa	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public Purpose - 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 _____ 3/30/11
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.)