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

Street Address	Street Address  33282 Golden Lantern, Dana Po Designated Agency Contact (Name Kathy Ward, City Clerk	(if applicable)			Date Slamp	California 80
Street Address  Street Address  Street Address  Saya Golden Lantern, Dana Point, CA 92629  Designated Agency Contact (Name, Tible)  Kathy Ward, City Clerk  Area Code/Phone Number   E-mail	Street Address  33282 Golden Lantern, Dana Po Designated Agency Contact (Name) Kathy Ward, City Clerk	(if applicable)			**** **** 22	
Street Address  33282 Golden Lantern, Dana Point, CA 92629  Designated Agency Contact (Neme, Title)  Kathy Ward, City Clerk  Area Code/Phone Number   E-mail	Street Address  33282 Golden Lantern, Dana Po Designated Agency Contact (Name Kathy Ward, City Clerk	(if applicable)			-mi +nD 27 1	
33282 Golden Lantern, Dana Point, CA 92629    Amendment (Must provide explanation in Pe   Kathy Ward, City Clerk     Area Code/Phone Number   E-mail     949/249-3505     kward@danapoint.org     Function, Event, or Ceremonial Role Information     Title Association of CA Cities Meeting   Face Value of Each Admission \$ 55.00     Description O.C. Assoc. of CA Cities Mtg.   Date(s) 4 7 11     Date(s) 4 7 11     Date(s) 4 7 11     Date(s) Admission(s) provided by agency? Yes   No   If no: Assoc. of CA Cities     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 Official Ticket(s)     Official Ticket(s)   Official Ticket(s)     O	33282 Golden Lantern, Dana Po Designated Agency Contact (Nam Kathy Ward, City Clerk				2011 APR 22	For Official Use Only
Amendment (Must provide explanation in Pe   Kathy Ward, City Clerk     Area Code/Phone Number   E-mail     949/Z49-3505	Designated Agency Contact (Nam Kathy Ward, City Clerk		Street Address			
Amendment (Must provide explanation in Pe   Area Code/Phone Number   E-mail   Date of Original Filing: 4/25/11   (month, day, year)	Designated Agency Contact (Nam Kathy Ward, City Clerk	oint CA 92629				
See continuation sheet						
See continuation sheet   See See See See See See See See See S						
See continuation sheet   See See See See See See See See See S					Date of Original Filing: _	1/25/11 (month, day, year)
Description O.C. Assoc. of CA Cities Mtg. Date(s) 4 , 7 , 11 , 1  Ticket(s)/Admission(s) provided by agency? Yes  No If no: Assoc. of CA Cities  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) Official Ticket(s)  Name (Last, First) Official Ticket(s)  Name (Last, First) Organization (Name, Address, Description)  See continuation sheet  No N	949/248-3505 kw	kward@danapoint.org				(maran, day, year)
Description O.C. Assoc. of CA Cities Mtg.  Date(s) 4711	Function, Event, or Ceremo	nial Role Informa	tion	•		
Ticket(s)/Admission(s) provided by agency? Yes	Title Association of CA Cities M	eeting		Face Val	lue of Each Admiss	ion \$ <u>55.00</u>
Ticket(s)/Admission(s) provided by agency? Yes	Denovintion O.C. Assoc. of CA	Cities Mta.		Doto(n)	4 ,7 ,11	,
Was the distribution to persons identified below made at the behest of an agency official?  Yes	Description <u>5.5.7.6555.57.57.</u>	<u> </u>		Date(s) .		
Was the distribution to persons identified below made at the behest of an agency official?  Yes	Tieles (Ann) A efecto et a con (a) es es et el			- k - Assoc	of CA Cities	
The identity of recipient(s) and the explanation:    Name (Last, First) or Or Admission(s)/ Organization (Name, Address, Description)   No   See continuation sheet   1   Yes   No   Yes   No   Yes   No   Yes   No   No   Yes   Yes   No   Yes   Yes	licket(s)/Admission(s) provide	ed by agency? Yes	□ No ☑	] If no: <u>118888</u> .	Name of S	Source
The identity of recipient(s) and the explanation:    Name						
Name (Last, First)	Yes ☐ No ☑ If yes: _	Official's	Name (Last,	First) and Title		
Clast, First)   Number of Admission(s)   Ticket(s)   Official Ticket(s)   Official See continuation sheet   1   No	The identity of recipient(s)	and the explanation	on:			
Organization (Name, Address, Description)  See continuation sheet  1		-		Check the in	ncome box if the agency off	icial claims admission as
Organization (Name, Address, Description)  See continuation sheet  1						erformed a ceremonial role,
(Name, Address, Description)  See continuation sheet  1	Organization	Ticket(s)	Uniciai	<ul> <li>If not incom</li> </ul>	e, describe the public purpo	ose, including
See continuation sheet    No   See continuation sheet   1   No   See continuation sheet   1   Yes   In No   In	(Name, Address, Description)					ncy official, individual, or
Yes			Yes <b></b> ✓	Son continue	ation about	Incon
No	See continuation sheet	1	No 🗆	See continue	ation sneet	
Yes						Incon
No						
Yes						Incon
No ☐ Yes ☐ In No ☐ In						
Yes No Serification  Verification  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth a sis in accordance with the provisions.  Kathy Ward  City Clerk  4/25/11			1			Incon
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Vianay Warn	l have read and understand FPPC R	Regulations 18944.1 and	d 18942. I h	ave verified that	t the distribution of adm	nissions, set forth above
Signature of Agency Head or Designee Print Name Title (month, da	Kathan Ward	Kathy Ward		City Cle	rk	4/25/11
	Signature of Agency Head or Designee	Print Nar	ne		Title	(month, day, year
Comment: (Use this space or an attachment for any additional information including amendment explanation.)	Comment: (Una Hija an ''	hmont for any activities	, ,			