

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

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<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
City of Dana Point Division, Department, or Region (if applicable)		2011 APR 22 CITY OF DANA POINT	For Official Use Only
Street Address 33282 Golden Lantern, Dana Point, CA 92629			
Designated Agency Contact (Name, Title) Kathy Ward, City Clerk		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 949/248-3505	E-mail kward@danapoint.org	Date of Original Filing: 4/25/11 (month, day, year)	

**2. 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

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: Assoc. 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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
See continuation sheet	1	Yes <input checked="" type="checkbox"/> No <input 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 Kathy Ward City Clerk 4/25/11  
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.)