

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

A Public Document

| | | | |
|---|---------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| City of Dana Point | | | |
| Division, Department, or Region (if applicable) | | | |
| Street Address | | | |
| 33282 Golden Lantern, Suite 203, Dana Point, CA 92629 | | | |
| Designated Agency Contact (Name, Title) | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| Kathy Ward, City Clerk | | Date of Original Filing: <u>5/31/11</u> | |
| Area Code/Phone Number | E-mail | (month, day, year) | |
| 949/248-3505 | kward@danapoint.org | | |

2. Function, Event, or Ceremonial Role Information

Title Dana Point Coastal Arts Concert Face Value of Each Admission \$ 12.00

Description Dana Point Coastal Arts Concert Date(s) 05 / 13 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: Dana Point Coastal Arts
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. |
|---|-----------------------------------|--|--|
| See Continuation Sheet | 7 | 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 City Clerk 5/31/11
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.)