Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name City of Dana Point Division, Department, or Region (if applicable)				Date Stamp	California 802
				For Official Use Only	
				The control has been been for	
Street Address				750P (-211 / 200-	
33282 Golden Lantern, DP 92629				2009 JUN -8 P 4: 52	
Area Code/Phone Number E-mail				Amendment (Must explain in Part 5.)	
949/248-3505 kward@danapoint.org					
Agency Contact (name and title)				Date of Original Filing: 6/8/09 (month, day, year)	
Kathy Ward, City Clerk					
2. Event For Which Ticke			NII A (T. 58/)	0+ 0-1-	
Date(s) of Event:5_/_	27 <u>/ 09</u> Des	scription of Eve			,
	/ Fac	e Value of Tick	et: \$	250.00	
		source of ticke			
Agency Event	_ ` `		,	•	
Name of Outside Source of	f Ticket(s) Provided	d to Agency: NI	Ar West Coas	<u> </u>	***************************************
Number of Tickets Receive	d:2	Ticket(s) Pro	vided to Agenc	y: □ Gratuitously [☑ Pursuant to Contrac
(ta) noor or more to					
. Agency Official(s) Rece	eiving Ticket(s)	use a continuation	on sheet for addi	tional names)	
Name of Off	Number				
(Last, First)					of Tickets
See continuation sheet			2 See continuation sheet		
		Z See Continuation sheet			
. Individual or Organizat	ion Receiving T	icket(s) (Provid	ded at the behes	t of an agency official.)	
	m (**)				
Name of Behesting Agency	Official:				······································
Name of Individual or Orga	nization:			Number	of Tickets:
1101/10 01 (1101/1000) 01 01 01					
Description of Organization	:				
Address of Organization:	ımber and Street		City		State Zip Code
Dumana for Distribution: (Describe the public p	urnosa for the die	stribution to the c	organization \	
Purpose for Distribution: ([rescribe the public p	urpose for the un	salbudon to the t	organization.)	
11-12-12-11					
. Verification		15.45.1.1.1.		# #	7 17 40044
I have determined that the dis	tribution of tickets se In	t forth above is ir	n accordance wit	n the provisions of FPPC F	Regulation 18944.1.
hattunhlar	Kathy Wa		City (Clerk	6/8/09
/Signature of Agericy Head or Desig	nee	Print Name		Title	(month, day, year)
Comment: (Use this space or	an attachment for any a	additional information	on including amend	dment explanation.)	