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

**A Public Document** 

. Agency Name			10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CE Parestano	California 802
City of Dana Point	at la)			····· <b>////</b>	For Official Use Only
Division, Department, or Region (if applic	abie)		<b>2011</b> SE	P 28 A 8: 54	1 of Onicial Cod Only
Street Address	<u>, , , , , , , , , , , , , , , , , , , </u>				
33282 Golden Lantern, Suite 203			CITY	F DANA POINT	
Designated Agency Contact (Name, Title)				☐ Amendment (Must pro	ovide explanation in Part 3.)
Kathy Ward, City Clerk  Area Code/Phone Number E-mail				Date of Original Filing: _	(month day year)
949/248-3505 kward@d	danapoint.org				(monus, day, year)
. Function, Event, or Ceremonial F	Role Informa	tion			
Title ACC-OC Meeting			Face \	/alue of Each Admiss	ion \$ _53.00
Description ACC-OC Meeting Date			Date(s	9 / 8 / 11	
Ticket(s)/Admission(s) provided by	agency? Yes	□ No 171	I Ifno. ACC	-OC	
Honor(op, tallingeren(o) provided by	.gooy ( 100		, ,, ,, ,,	Name of S	Source
Was the distribution to persons ider  Yes □ No ☑ If yes:				an agency official?	
tes 🔟 NO 🖾 II yes	Official's	Name (Last, I	irst) and Title	······································	
The identity of recipient(s) and the	ne explanatio	on:			
Name (Last, First) Or Organization (Name, Address, Description)  Number of Admission(s)/ Ticket(s)		Agency Official	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	1	Yes ☑ No □		nuation sheet	Income
		Yes 🗖			Income
		No 🛘			
		Yes 🗖			Income
		No 🗆			
		Yes □ No □			Income
		Yes 🗖			
		No 🗆			Income
. Verification I have read and understand FPPC Regulation is in accordance with the provisions.	ions 1894 <b>4</b> .1 an	d 18942. I h	ave verified t	hat the distribution of adm	issions, set forth above,
Kattan Ward Kat		City (	Clerk	9/28/11	
Signature of Agency Head or Designee Print Name			Title	(month, day, year)	
Comment: (Use this space or an attachment t	for any additional i	information inc	cluding amend	ment explanation )	
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