

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

A Public Document

1. Agency Name		RECEIVED Date Stamp 2012 FEB 29 P 5:47 CITY OF DANA POINT	California Form 802 For Official Use Only
City of Dana Point Division, Department, or Region (if applicable)			
Street Address 33282 Golden Lantern			
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: <u>2-29-12</u> (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title Dana Point Symphony Concert Face Value of Each Admission \$ 35.00/\$12.00

Description Dana Point Symphony Concert Date(s) 2 / 10 / 12

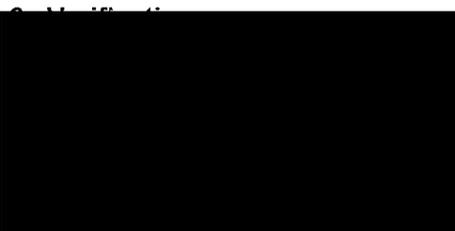
Ticket(s)/Admission(s) provided by agency? Yes No If no: Dana Point Symphony
Name of Source

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. 	Income
See continuation sheet	10	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public Purpose...see continuation sheet	<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"/>



I have verified that the distribution of admissions, set forth above,

Kathy Ward City Clerk 2-29-12
Print Name Title (month, day, year)

COMMENT: (Use this space or an attachment for any additional information including amendment explanation.)