Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

California Form 802

For Official Use Only

Date Stamp

RECEIVED
MAY 31 2012
City Clerk
City of Laguna Woods

1. Agency Name

City of Laguna Woods

Division, Department, or Region *(If Applicable)*

City Council

Designated Agency Contact *(Name, Title)*

Leslie A. Keane, City Manager

Area Code/Phone Number	E-mail
949-639-0511	lkeane@lagunawoodscity.org

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: 5-31-12 *(Month, Day, Year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 65.00

Event Description OC Council on Aging Luncheon
Provide Title/Explanation

Date(s) 5 / 4 / 12 ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Southern California Edison
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Rhodes,Martin	1	Ceremonial Role ☒ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Promoting/supporting programs and services provided by non-profit organization that benefit local residents.
Rhodes, Rosalyn	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Spouse of Councilmember - attended event with him in accordance with City policy..

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

[redacted] 8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Leslie A. Keane	City Manager	5-31-12
Print Name	*Title*	*(Month, Day, Year)*