

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

**A Public Document**

<b>1. Agency Name</b> City of Mission Viejo		Date Stamp 2012 JUN - 7 P 2: 25	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) n/a			
Street Address 200 Civic Center, Mission Viejo, CA 92691			
Designated Agency Contact (Name, Title) Karen Hamman, City Clerk		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 949-470-3050	E-mail cityadmin@cityofmissionviejo.org	Date of Original Filing: _____ (month, day, year)	

**2. Function, Event, or Ceremonial Role Information**

Title 211 OC Toast & Tribute Face Value of Each Admission \$ 75

Description Gala/Dinner Date(s) 05 / 10 / 12

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: \_\_\_\_\_  
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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Leckness, Dave- Council Member	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To support and participate on behalf of the city.	<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. \_\_\_\_\_  
I have verified that the distribution of admissions, set forth above,

Signature of Agency Head or Designee: Karen Hamman Print Name: Karen Hamman Title: City Clerk Date: 6/7/12  
(month, day, year)

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