

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

**A Public Document**

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

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

Title OC Govt Ldrs Prayer Breakfast Face Value of Each Admission \$ 35

Description Breakfast for Govt Leaders Date(s) 05 / 11 / 12

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: OC Government Leaders Foundation  
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                   |
|---|-----------------------------------|--|--|--------------------------|
| Ury, Frank - Mayor  | 1                                 | Yes <input checked="" type="checkbox"/><br>No <input type="checkbox"/> | To support and participate on behalf of the city.  | <input type="checkbox"/> |
| Kelley, Trish - Council Member                                  | 1                                 | Yes <input checked="" type="checkbox"/><br>No <input type="checkbox"/> | To support and participate on behalf of the city.  | <input type="checkbox"/> |
| Reardon, Rhonda - Mayor Pro Tem                                 | 1                                 | Yes <input checked="" type="checkbox"/><br>No <input type="checkbox"/> | To support and participate on behalf of the city.  | <input type="checkbox"/> |
| Schlicht, Cathy - Council Member                                | 1                                 | Yes <input checked="" type="checkbox"/><br>No <input type="checkbox"/> | To support and participate on behalf of the city.  | <input type="checkbox"/> |
|   |                                   | Yes <input type="checkbox"/><br>No <input type="checkbox"/>            |  | <input type="checkbox"/> |

3 \_\_\_\_\_ regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,

Signature of Agency Head or Designee: \_\_\_\_\_  
 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.)