

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

**A Public Document**

<b>1. Agency Name</b> City of Dana Point		Date Stamp <b>CITY OF DANA POINT</b>	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)		2014 SEP - 3 P 5: 00	
Designated Agency Contact (Name, Title) Kathy Ward, City Clerk		RECEIVED CITY CLERK'S DEPARTMENT	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>9-3-14</u> <small>(Month, Day, Year)</small>
Area Code/Phone Number 949-248-3505	E-mail kward@danapoint.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 150.00

Event Description DP Sunrise Rotary Lobster Fest Date(s) 8 / 16 / 14  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Dana Point Sunrise Rotary  
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
See Continuation Sheet	13	Promotion of open government by City Officials appearances at...
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
See Continuation Sheet	8	Promotion of open government by City Officials appearances at...
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**

18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature] Kathy Ward City Clerk 9-3-14  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)