

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

**A Public Document**

<b>1. Agency Name</b> City of Laguna Woods		Date Stamp <b>RECEIVED</b> MAY 31 2012 City Clerk City of Laguna Woods	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) City Council		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>5-31-12</u> (Month, Day, Year)	
Designated Agency Contact (Name, Title) Leslie A. Keane, City Manager			
Area Code/Phone Number 949-639-0511	E-mail lkeane@lagunawoodscity.org		

**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 Date(s) 5 / 4 / 12  
Provide Title/Explanation

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 <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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 <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> 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**

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)