

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

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A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
CITY OF NEWPORT BEACH		2011 MAY 19 AM 9:01	
Division, Department, or Region (if applicable)		OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	
Street Address			
3300 Newport Boulevard, Newport Beach, CA 92663		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title)			
David A. Kiff, City Manager			
Area Code/Phone Number	E-mail		
949-644-3005	lbrown@newportbeachca.gov		

2. Function, Event, or Ceremonial Role Information

Title Newport Beach Film Festival Face Value of Each Admission \$ 35.00

Description Tuesday Showcase Date(s) 05 / 03 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: Newport Beach Film Festival
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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
See attached list		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Promotion of City-sponsored Event	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"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee

David A. Kiff
 Print Name

City Manager
 Title

5/17/2011
 (month, day, year)

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

TUESDAY SHOWCASE

Ticket Recipient

Keith Curry

Department

City Council

of Tkts

1