

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

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<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b>
CITY OF NEWPORT BEACH		2012 MAY 21 PM 3: 31	For Official Use Only
Division, Department, or Region (if applicable)		OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	
Street Address			
3300 Newport Boulevard, Newport Beach, CA 92663			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
David A. Kiff, City Manager		Date of Original Filing: _____ (month, day, year)	
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 \$ 125.00

Description Opening Ceremony Date(s) 04 / 26 / 2012 04 / 26 / 2012

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	Income
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.

David A. Kiff Signature of Agency Head or Designee      David A. Kiff Print Name      City Manager Title      5/11/12 (month, day, year)

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

**OPENING NIGHT**

<u>Ticket Recipient</u>	<u>Department</u>	<u># of Tkts</u>
Mike Henn	City Council	2
Steve Rosansky	City Council	2
Ed Selich	City Council	2
Rush Hill	City Council	3
Keith Curry	City Council	2
Carole Boller	Arts Commissioner	3
Christopher Trela	Arts Commissioner	2
<b>Total</b>		<b>16</b>