

**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 SEP 24 PM 12:12	For Official Use Only
Division, Department, or Region (if applicable)		OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	
Street Address		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
3300 Newport Boulevard, Newport Beach, CA 92663		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 24th Annual Taste of Newport Face Value of Each Admission \$ 25.00

Description General Admission Tickets Date(s) 09 / 14 / 2012 09 / 16 / 2012

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: Newport Beach Chamber of Commerce  
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"/>	Income <input type="checkbox"/>
		No <input type="checkbox"/>	Promotion of City-sponsored Event
		Yes <input type="checkbox"/>	Income <input type="checkbox"/>
		No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	Income <input type="checkbox"/>
		No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	Income <input type="checkbox"/>
		No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	Income <input type="checkbox"/>
		No <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      9/24/12      (month, day, year)

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

Taste of Newport  
September 14 - 16, 2012

Recipient	Department	# of Tickets
Michael F. Henn	City Council	2
Edward D. Selich	City Council	4
Keith Curry	City Council	2
Steven Rosansky	City Council	4
Leslie Daigle	City Council	4
Rush Hill	City Council	4
Aaron Harp	City Attorney	2