

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

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1. Agency Name CITY OF NEWPORT BEACH		Date Stamp 2013 MAR 20 AM 11:00	California Form 802
Division, Department, or Region (If Applicable)		OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	For Official Use Only
Designated Agency Contact (Name, Title) David A. Kiff, City Manager			<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)
Area Code/Phone Number 949-644-3005	E-mail lbrown@newportbeachca.gov	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 35.00

Event Description Newport-Mesa Spirit Run Date(s) 03 / 03 / 13
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Newport-Mesa Spirit Run
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
Community Development Department	1	Pursuant to Ticket Policy (Policy F-27)/Promotion of City-sponsored Event
City Clerk's Office	1	Pursuant to Ticket Policy (Policy F-27)/Promotion of City-sponsored Event
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Petros, Tony		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Pursuant to Ticket Policy (Policy F-27)/Promotion of City-sponsored Event
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

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

 David A. Kiff City Manager 3/20/13
Signature of Agency Head or Designee *Print Name* *Title* *(Month, Day, Year)*

**Agency Report of:
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Continuation Sheet**

Agency Name

CITY OF NEWPORT BEACH

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
City Attorney's Office	1	Pursuant to Ticket Policy (Policy F-27)/Promotion of City-sponsored Event
Municipal Operation Department	1	Pursuant to Ticket Policy (Policy F-27)/Promotion of City-sponsored Event
Recreation and Senior Services	1	Pursuant to Ticket Policy (Policy F-27)/Promotion of City-sponsored Event
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 type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy