

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

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<b>1. Agency Name</b> CITY OF NEWPORT BEACH Division, Department, or Region (if applicable)		Date Stamp 2011 MAY 19 AM 9:01	<b>California Form 802</b> For Official Use Only
Street Address 3300 Newport Boulevard, Newport Beach, CA 92663		OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	
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, Event, or Ceremonial Role Information**

Title Newport Beach Film Festival Face Value of Each Admission \$ 25.00

Description Wednesday Showcase Date(s) 05 / 04 / 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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
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 David A. Kiff City Manager 5/17/2011  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

## WEDNESDAY SHOWCASE

<u>Ticket Recipient</u>	<u>Department</u>	<u># of Tkts</u>
Keith Curry	City Council	2
Rush Hill	City Council	2