

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

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A Public Document

1. Agency Name		2011 OCT - 5 Date Stamp 25	California Form 802
CITY OF NEWPORT BEACH		OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	For Official Use Only
Division, Department, or Region (if applicable)			
Street Address			
3300 Newport Boulevard, Newport Beach, CA 92663			
Designated Agency Contact (Name, Title)			
David A. Kiff, City Manager			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
949-644-3005	lbrown@newportbeachca.gov	Date of Original Filing: _____ (month, day, year)	

**2. Function, Event, or Ceremonial Role Information**

Title AirFair Fundraiser Face Value of Each Admission \$ 75.00

Description JWA Settlement Agreement Date(s) 09 / 15 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: AirFair  
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>	
Harp, Aaron	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Support for continuing the JWA Settle. Agr.	Income <input type="checkbox"/>
Daigle, Leslie	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Support for continuing the JWA Settle. Agr	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  
09/16/2011 (month, day, year)

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