

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

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1. Agency Name CITY OF NEWPORT BEACH Division, Department, or Region (if applicable)		Date Stamp 2011 OCT -5 PM 1:2	California Form 802 For Official Use Only
Street Address 3300 Newport Boulevard, Newport Beach, CA 92663 Designated Agency Contact (Name, Title) David A. Kiff, City Manager			
Area Code/Phone Number 949-644-3005	E-mail lbrown@newportbeachca.gov	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title Taste of Newport Face Value of Each Admission \$ 106.00

Description Sponsor Ticket & Parking Pass Date(s) 09 / 16 / 11 09 / 18 / 11

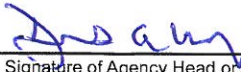
Ticket(s)/Admission(s) provided by agency? Yes No If no: Newport Beach Chamber of Commerce
Name of Source

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	<ul style="list-style-type: none"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
See attached list		Yes <input type="checkbox"/> No <input type="checkbox"/>	Promotion of City-sponsored Event	<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 _____ City Manager _____ 09/19/2011
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.)

Taste of Newport
September 16, 2011 to September 18, 2011

Recipient	Department	# of Tickets	# of Parking Passes
Michael F. Henn	City Council	2	1
Edward D. Selich	City Council	2	1
Keith Curry	City Council	2	1
Steven Rosansky	City Council	2	1
Leslie Daigle	City Council	2	1
Rush Hill	City Council	2	1