Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
   CITY OF NEWPORT BEACH
   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 949-644-3005
   E-mail lbrown@newportbeachca.gov

2. Function, Event, or Ceremonial Role Information
   Title AirFair Fundraiser
   Description JWA Settlement Agreement
   Face Value of Each Admission $75.00
   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:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Harp, Aaron</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Support for continuing the JWA Settle. Agr.</td>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daigle, Leslie</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Support for continuing the JWA Settle. Agr.</td>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ___________________________  Print Name: ___________________________  Title: ___________________________
   City Manager: __________________________________________________  (month, day, year): 09/16/2011

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