

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

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| | | | |
|--|-------------------------------------|--|---|
| 1. Agency Name CITY OF NEWPORT BEACH | | Date Stamp 2012 MAR 15 AM 10:1 | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) | | | |
| 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 | | | |
| 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 Newport-Mesa Spirit Run Face Value of Each Admission \$ 30.00

Description _____ Date(s) 03 / 04 / 2012

Ticket(s)/Admission(s) provided by agency? Yes No If no: Newport-Mesa Spirit Run
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 | Income |
|---|-----------------------------------|--|--|
| 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 Signature of Agency Head or Designee David A. Kiff Print Name City Manager Title 3/14/2012 (month, day, year)

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

Newport-Mesa Spirit Run
March 4, 2012

| Recipient | Department | # of Tickets |
|---------------------|----------------------|--------------|
| Scott Poster | Fire | 1 |
| Monique Navarrette | Finance | 1 |
| Tammie Frederickson | Finance | 1 |
| Evelyn Tseng | Finance | 1 |
| Patrick Arciniega | Public Works | 1 |
| Elizabeth Arciniega | Recreation | 1 |
| Ivan Juarez | City Manager | 1 |
| Maurice Turner | Municipal Operations | 1 |