

**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 2012 MAY 21 PM 3:31 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	California Form <b>802</b> For Official Use Only
Street Address 3300 Newport Boulevard, Newport Beach, CA 92663			
Designated Agency Contact (Name, Title) David A. Kiff, City Manager		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 949-644-3005	E-mail lbrown@newportbeachca.gov		

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

Title Newport Beach Film Festival Face Value of Each Admission \$ 60.00

Description Closing Ceremony Date(s) 05 / 03 / 2012 05 / 03 / 2012

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	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 David A. Kiff City Manager 5/10/12  
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.)

**CLOSING NIGHT**

<u><b>Ticket Recipient</b></u>	<u><b>Department</b></u>	<u><b># of Tkts</b></u>
Mike Henn	City Council	2
Ed Selich	City Council	2
Steve Rosansky	City Council	2
Keith Curry	City Council	2
Gilbert Lasky	Arts Commissioner	2
Christopher Trela	Arts Commissioner	2
<b>Total</b>		<b>12</b>