Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
CITY OF NEWPORT BEACH
Date Stamp: 2014 MAR 20 AM 11:03
Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)
David A. Kiff, City Manager

Area Code/Phone Number 949-644-3005
E-mail lbrown@newportbeachca.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass: $125.00
Event Description: Toshiba Classic Breakfast
Provide Title/Explanation

Date(s) 3/11/14

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: Toshiba Corporation
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: ____________________________
Official's Name (Last, First)

3. Recipients
• Use Section A to identify the agency's department or unit.
• Use Section B to identify an individual.
• Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
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Recreation & Senior Services | 3 | Pursuant to Ticket Policy (Policy F-27)/Promotion of City-sponsored Event
Fire Department | 1 | Pursuant to Ticket Policy (Policy F-27)/Promotion of City-sponsored Event

B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
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Selich, Ed | 2 | Ceremonial Role ☐ Other ☒ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
Pursuant to Ticket Policy (Policy F-27)/Promotion of City-sponsored Event

Daigle, Leslie | 1 | Ceremonial Role ☐ Other ☒ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
Pursuant to Ticket Policy (Policy F-27)/Promotion of City-sponsored Event

C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: ________________________
David A. Kiff
City Manager
Print Name: ________________________
Title: ________________________
(Month, Day, Year: 3/14/14)

Comment: ________________________