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

1. Agency Name
CITY OF NEWPORT BEACH
Division, Department, or Region (If Applicable)

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

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

Date Stamp
California Form 802

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 35.00
Event Description Newport-Mesa Spirit Run
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Newport-Mesa Spirit Run
Name of Source

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

Date(s) 03 / 23 / 14

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recreation &amp; Senior Services Department</td>
<td>1</td>
<td>Pursuant to Ticket Policy (Policy F-27)/Promotion of City-Sponsored Event</td>
</tr>
<tr>
<td>Public Works</td>
<td>2</td>
<td>Pursuant to Ticket Policy (Policy F-27)/Promotion of City-Sponsored Event</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>
|                                     |                             | If choosing “Ceremonial Role” or “Other” describe below:
|                                     |                             | Ceremonial Role ☐ Other ☐ Income ☐ |
|                                     |                             | If choosing “Ceremonial Role” or “Other” describe below:

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<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
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</table>

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.

David A. Kiff City Manager
Signature of Agency Head or Designee Print Name Title

Date (Month, Day, Year) 3/25/14

Comment: ____________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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**

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<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
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<td>Community Development</td>
<td>1</td>
<td>Pursuant to Ticket Policy (Policy F-27)/Promotion of City-Sponsored Event</td>
</tr>
<tr>
<td>City Attorney</td>
<td>1</td>
<td>Pursuant to Ticket Policy (Policy F-27)/Promotion of City-Sponsored Event</td>
</tr>
<tr>
<td>City Clerk</td>
<td>1</td>
<td>Pursuant to Ticket Policy (Policy F-27)/Promotion of City-Sponsored Event</td>
</tr>
</tbody>
</table>

**B. Name of Individual (Last Name)**

Identify one of the following:

- Ceremonial Role  □  Other □  Income  □
  
  If checking “Ceremonial Role” or “Other” describe below:  

- Ceremonial Role  □  Other □  Income  □
  
  If checking “Ceremonial Role” or “Other” describe below:  

- Ceremonial Role  □  Other □  Income  □
  
  If checking “Ceremonial Role” or “Other” describe below:  

- Ceremonial Role  □  Other □  Income  □
  
  If checking “Ceremonial Role” or “Other” describe below:  

**C. Name of Outside Organization (include address and description)**

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