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California Form 80

If Amendment - Date of Original Filing (Month, Day, Year)

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2015 MAY 28 AM 10: 59

1. Agency Na	me	CITY OF NEWPOR	Т ВЕАСН		OFFICE OF				
Division, Dept. or (If Applicable)	Region			Clarea Code/Phone DEACH Number (949) 644-3005					
Designated Agen (Name, Title)	cy Contact	David A. Kiff, City M	anager			Email			
I have read and	l understand FPF	PC Regulations 18944.1 a	nd 18942. I have	e verified that the	distribution set forth, is in ac	cordance with the re	equirements.		
Signature of Agei Designee	ncy Head or	2	Cul	2		Print Name	David A. Kiff		
Title		City Manager	,			Month, Day, Year	ar 5/28/120/5		
2. Function o	r Event Inform	ation					San		
Does the agency have ticket policy (Y/N)	Face Value of each Ticket/Pass	Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)		
Yes	\$14.00	Newport Beach Film Festival - General Admission	4/23/2015 - 4/30/2015	No	Newport Beach Film Festival	No			

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.)

		В.					C.		
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or	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
Public Works Department	8	Pursuant to Ticket Policy (Council Policy F-27)/ Promotion of City-Sponsored Event	Selich, Ed	2	Other	Pursuant to Ticket Policy (Council Policy F-27)/ Promotion of City-Sponsored Event			
City Manager's Office	2	Pursuant to Ticket Policy (Council Policy F-27)/ Promotion of City-Sponsored Event	Dixon, Diane	2	Other	Pursuant to Ticket Policy (Council Policy F-27)/ Promotion of City-Sponsored Event			
Municipal Operations Department	12	Pursuant to Ticket Policy (Council Policy F-27)/ Promotion of City-Sponsored Event	Muldoon, Kevin	6	Other	Pursuant to Ticket Policy (Council Policy F-27)/ Promotion of City-Sponsored Event			

California Form	802
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If Amendment - Date of Original Filing (Month, Day, Year)

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1. Agency Name		CITY OF NEWPORT BEACH									
Division, Dept. or Region (If Applicable)						Area Code/Phone Number	ne er (949) 644-3005				
Designated Agency Contact Name, Title) David A. Kiff, City Manager						Email	lbrown@newportbeachca.gov				
I have read and underst	and FPF	C Regulations 18944.1 a	nd 18942. I hav	e verified that the	distribution set forth, is in ac	cordance with the r	equirements.				
Signature of Agency Head Designee	or					Print Name David A. Kiff					
Title		City Manager				Month, Day, Year					
-											
2. Function or Event	Inform	ation									
2. Function or Event Does the agency have ticket policy (Y/N) Face Valu Ticket.	e of each	ation Event Description (Provide Title/Explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)	If no, list Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)				

	В.				C.				
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es	Describe the public purpose made pursuant to the agency's policy	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of	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
Fire Department	6	Pursuant to Ticket Policy (Council Policy F-27)/ Promotion of City-Sponsored Event	Petros, Tony	2	Other	Pursuant to Ticket Policy (Council Policy F-27)/ Promotion of City-Sponsored Event			
Finance Department	12	Pursuant to Ticket Policy (Council Policy F-27)/ Promotion of City-Sponsored Event							
Recreation and Senior Services Department	10	Pursuant to Ticket Policy (Council Policy F-27)/ Promotion of City-Sponsored Event							

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Area Code/Phone

CITY OF NEWPORT BEACH

1. Agency Name

Division, Dept. or Region

lf Applicable)								Number	water-1-1000 and 1-1000 and 1-100		
Designated Age (Name, Title)	ncy Contact	David A. Kiff, City Manager						Email			
I have read an	d understand FPI	PC Regulations	: 18944.1 d	and 18942. I have	verified that the	distribution	set forth, is in ac	cordance with the r	requirements.		
Signature of Age Designee	ency Head or							Print Name	David A. Kiff		
Title		City Manag	ger					Month, Day, Year			
2. Function of	or Event Inform	ation		•						iga kaca Albinsi Diga batan Albinsi	
Does the agency have ticket policy (Y/N)	ave ticket policy Face Value of each		cription explanation)	Event Date(s)	Ticket(s)/Pass(es) provided by Agency? (Y/N)		Name of Source	Was ticket distribution made at the behest of agency official? (Y/N)	If yes, list Name of Official (Last, First)		
Yes	\$14.00	Newport Be Festival - (Admiss	General	4/23/2015 - 4/30/2015	No	Newport Be	each Film Festival	No	No		
3. Recipients (Use Section A to		s department or u	unit. Use Se	ection B to identify ar	i individual. Use Sed	ction C to identi	ify an outside organiz	ation.)		C.	
Name of Agency	Number of Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) pursuant to the agency's policy				Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	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
Community Development Department		2	Pursuant to Ticket Policy (Council Policy F-27)/ Promotion of City-Sponsored Event							***	
Library Services [Department	8	(Council Po	o Ticket Policy olicy F-27)/ of City-Sponsored							
Police Departmer			Pursuant to	o Ticket Policy							

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1. Agency Name		CITY OF N	EWPORT BEACH								
Division, Dept. or Region (If Applicable)							Area Code/Phone Number	e r (949) 644-3005			
Designated Ager (Name, Title)	ncy Contact	David A. Ki	f, City Manager				Email	lbrown@newportbeachca.gov			
I have read and	d understand FPI	PC Regulations	18944.1 and 18942. I I	nave verified that the	distribution s	set forth, is in ac	cordance with the r	equirements.			
Signature of Age Designee	ency Head or	A	sun				Print Name	David A. Kiff			
Title		City Manag	er				Month, Day, Year	5/26/	2015		
2. Function o	or Event Inform	nation]	
Does the agency have ticket policy (Y/N) Face Value of each Ticket/Pass		Event Description (Provide Title/Explanation) Event Date(s)			provided by Agency?		Was ticket distribution made at the behest of agency official? (Y/N)	lf yes, list Nam (Last, F			
Yes	\$14.00	Newport Bea Festival - G Admiss	eneral 4/23/2015		No Newport Beach Film Festiva		No				
3. Recipients (Use Section A to		's department or u	nit. Use Section B to ident	fy an individual. Use Sec	ction C to identify	y an outside organiz	eation.)			ARSKO versioner	
		A.	,		B.				C.		
Name of Agency, Department or Unit		Number of Describe the public purpose made Ticket(s)/ Pass(es) pursuant to the agency's policy			Number of Ticket(s)/ Pass(es)	Identify one of the following: (Ceremonial Role, Other, or Income)	Description of "Ceremonial Role" or "Other"	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	
City Attorney's Office		4	Pursuant to Ticket Policy (Council Policy F-27)/ Promotion of City-Sponsor Event	ed							
Human Resource	s Department	2	Pursuant to Ticket Policy (Council Policy F-27)/ Promotion of City-Sponsor Event	ed							