

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

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<b>1. Agency Name</b> CITY OF NEWPORT BEACH		Date Stamp 2015 MAY 28	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)		OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	
Designated Agency Contact (Name, Title) David A. Kiff, City Manager			<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)
Area Code/Phone Number (949) 644-3005	E-mail lbrown@newportbeachca.gov	Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 29.00

Event Description NB Film Festival - Variety Cruise Date(s) 04 / 26 / 15  
*Provide Title/Explanation*


Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Newport Beach Film Festival  
*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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Muldoon, Kevin	2	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Pursuant to Ticket Policy (Council Policy F-27)/Promotion of City-Sponsored Event
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

**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 \_\_\_\_\_ 5/28/2015 \_\_\_\_\_  
*Signature of Agency Head or Designee* *Print Name* *Title* *(Month, Day, Year)*