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

1. Agency Name  
CITY OF NEWPORT BEACH

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

Area Code/Phone Number  
(949) 644-3005

E-mail  
lbrown@newportbeachca.gov

Date Stamp  
2015 MAY 28 AM 10:59

For Official Use Only

2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☑ No ☐</th>
<th>Face Value of Each Ticket/Pass $</th>
<th>30.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td>NB Film Festival - Sunset Reception</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date(s)</td>
<td>04 / 27 / 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☐ No ☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No ☑ Yes ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If no: Newport Beach Film Festival</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Source</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Official's Name (Last, First)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

| Ceremonial Role ☐ Other ☑ Income ☐ |
|-------------------------------|-----------------|-----------------|
| Pursuant to Ticket Policy (Council 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

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)

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