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 (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 $ 95.00
   Event Description NB Film Festival - Closing Night
   Event Description (Provide Title/Explanation)
   Date(s) 04 / 30 / 15
   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 | Number of Ticket(s)/Pass(es) | Identify one of the following:
   ____________________________  ____________________________  Ceremonial Role ☐ Other ☒ Income ☐
   Muldoon, Kevin  2  Pursuant to Ticket Policy (Council Policy F-27)/Promotion of City-Sponsored Event
   If checking “Ceremonial Role” or “Other” describe below:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   C. Name of Outside Organization | 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)