

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

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1. Agency Name CITY OF NEWPORT BEACH		2016 MAR 30 PM 1:14 <small>Date Stamp</small>	California Form 802 <small>For Official Use Only</small>
<small>Division, Department, or Region (If Applicable)</small>		OFFICE OF THE CITY CLERK 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	<input type="checkbox"/> Amendment <small>(Must provide explanation in Part 3.)</small> Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 40.00

Event Description Newport-Mesa Sprit Run Date(s) 3 / 20 / 16
Provide Title/Explanation

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

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

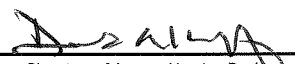
3. Recipients

• 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Petros, Tony		Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> 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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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.

 <small>Signature of Agency Head or Designee</small>	David A Kiff <small>Print Name</small>	City Manager <small>Title</small>	3/29/16 <small>(Month, Day, Year)</small>
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