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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description NB Film Festival Guest Passes
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
Face Value of Each Ticket/Pass $750.00
Date(s) 4/22/16 4/28/16

If no: Newport Beach Film Festival
Name of Source

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:
Curry, Keith 2
Ceremonial Role ☐ Other ☒ Income ☐
If checking “Ceremonial Role” or “Other” describe below:
Pursuant to Ticket Policy (Council Policy F-27)/Promotion of City-Sponsored Event
Ceremonial Role ☐ Other ☐ Income ☐
If checking “Ceremonial Role” or “Other” describe below:

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

(Date, Month, Year)

Comment:

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