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

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CITY OF NEWPORT BEACH

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California Form **802**

For Official Use Only

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	**E-mail**
949-644-3005	lbrown@newportbeachca.gov

☐ **Amendment** (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy?   Yes ☒   No ☐

Event Description: NB Film Festival Guest Pass
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?   Yes ☐   No ☒

Was ticket distribution made at the behest   Yes ☐   No ☒
of agency official?

Face Value of Each Ticket/Pass $ 750.00

Date(s) 4 / 20 / 17   4 / 27 / 17

If no: Newport Beach Film Festival
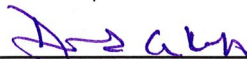Name of Source

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)/ Passes	Describe the public purpose made pursuant to the agency's policy
Library Services Department		

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Muldoon, Kevin	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)/ Passes	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 Print Name	City Manager Title	5/13/17 (month, day, year)

Comment: _____