	gency Report of: eremonial Role Even	ts and Ticket/F	Pass Distr	ibutions	Droa	-Rublic Documen	
4354400	. Agency Name CITY OF NEWPORT BEACH				Date Stamp California Form 802		
	Division, Department, or Region (if applicable)				2017 OCT -6	For Official Use Only	
	Designated Agency Contact (Name, Title)			0	OFFICE () 	
	David A. Kiff, City Manager				TACTIVE AND S	LONG TO STATE OF THE PARTY OF T	
	Area Code/Phone Number E-mail				Amendment (Music)	rovide Explanation in Part 3.)	
	949-644-3005	lbrown@newportbeachca.gov			Date of Original Filing: .	(month, day, year)	
2.	Function or Event Information						
	Does the agency have a tick	Each Ticket/Pass \$ $\frac{50}{2}$	0.00				
	Event Description: NB Historical Society 50th Anniv. Provide Title/ Explanation Date(s) 9				, 22 , 17		
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: New				rt Beach Historical Society Name of Source		
	Was ticket distribution made at the behest Yes ☒ No ☐ If yes: _ of agency official?				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			
	B. Name of Indi	vidual	Number		Identify one of the fo	Mouden	
	(Last, First)		of Ticket(s)/ Passes		Identify one of the fo	bilowing:	
	Muldoon, Kevin		2	Ceremonial Role Other M Income [If checking "Ceremonial Role" or "Other" describe below: Pursuant to Ticket Policy (Council Policy F-27)/Promotion of City-Sponsored Event			
	Dixon, Diane		1	Ceremonial Role Other Image Income If checking "Ceremonial Role" or "Other" describe below. 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)/ Passes		the public purpose made pursuant to the agency's policy		
		,	5				
	Verification I have read and understand FPI	PC Regulations 18944.	.1 and 18942.	I have verified to	hat the distribution set fo	rth above, is in accordance	
	with the requirements.	th the requirements. Day			City Manager	10/5/17	
,	Signature of Agency Head or Design Comment:	e Pr	int Name		Title	(month, day, year)	

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

3.



TY OF	NEWPORT BEACH							
	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					
			·					
<u> </u>	· · · · · · · · · · · · · · · · · · ·							
<u></u> В.	B. Name of Individual (Last, First)		Identify one of the following:					
Aver	y, Brad	2	Ceremonial Role Other Income Income Income Income Income Income Information (Council Policy F-27)/Promotion of City-Sponsored Event					
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
	·	:	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
<u>с.</u>	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					