Tickets Provided by
Agency Report

1. Agency Name
CITY OF NEWPORT BEACH
Division, Department, or Region (if applicable)

Street Address
3300 Newport Boulevard

Area Code/Phone Number E-mail
949-644-3005 lbrown@newportbeachca.gov

Agency Contact (name and title)
Dave Kiff, City Manager

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 12 / 9 / 09 Description of Event: USA Water Polo – 2009 Holiday Cup
12 / 13 / 09 Face Value of Ticket: $40.00

Agency Event □ Yes ☑ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Aaron Chaney, CdM Girls Water Polo Coach

Number of Tickets Received: 15 Ticket(s) Provided to Agency: ☑ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daigle, Leslie</td>
<td>1</td>
<td>City has partnership with the Marian Bergeson Aqu Ctr (venue for 2009 Holiday Cup)</td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: ____________________________________________

Name of Individual or Organization: ____________________________________________ Number of Tickets: ______

Description of Organization: ________________________________________________

Address of Organization:
Number and Street
City
State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) _______________________________________________________________

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Signature of Agency Head or Designee
Print Name
Title
City Manager
12-17-09 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)