Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name California Date Stamp **Form** CIY OF NEWPORT BEACH 2014 MAR 20 AM 11: 03 For Official Use Only Division, Department, or Region (If Applicable) **Designated Agency Contact (Name, Title)** David A. Kiff, City Manager Amendment (Must provide explanation in Part 3.) **Area Code/Phone Number** E-mail **Date of Original Filing:** 949-644-3005 lbrown@newportbeachca.gov (Month, Day, Year) 2. Function or Event Information 125.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description Toshiba Classic Breakfast Date(s) 3 / 11 , Provide Title/Explanation If no: Toshiba Corporation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest No ☐ Yes ☐ If yes: _ Official's Name (Last, First) of agency official? 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. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Pass(es) Recreation & Senior Services Pursuant to Ticket Policy (Policy F-27)/Promotion of 3 City-sponsored Event Fire Department Pursuant to Ticket Policy (Policy F-27)/Promotion of 1 City-sponsored Event Number of Name of Individual B. Ticket(s)/ Identify one of the following: Pass(es) Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: 2 Selich, Ed Pursuant to Ticket Policy (Policy F-27)/Promotion of City-sponsored Event Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: 1 Daigle, Leslie Pursuant to Ticket Policy (Policy F-27)/Promotion of City-sponsored Event Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) 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 David A. Kiff City Manager Print Name Comment: FPPC Form 802 (4/12)