

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

**RECEIVED** Public Document

<b>1. Agency Name</b> CITY OF NEWPORT BEACH		Date Stamp <b>2015 MAY 28 AM 10:</b>	<b>California Form 802</b>
Division, Department, or Region (If Applicable)		OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	For Official Use Only
Designated Agency Contact (Name, Title) David A. Kiff, City Manager			<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)
Area Code/Phone Number (949) 644-3005	E-mail lbrown@newportbeachca.gov	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ **95.00**

Event Description NB Film Festival - Closing Night    Date(s) 04 / 30 / 15  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Newport Beach Film Festival  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: \_\_\_\_\_  
Official's Name (Last, First)

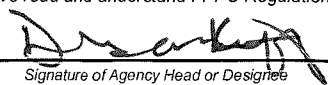
**3. Recipients**

• 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Muldoon, Kevin	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Pursuant to Ticket Policy (Council Policy F-27)/Promotion of City-Sponsored Event
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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.*

 <small>Signature of Agency Head or Designee</small>	David A. Kiff <small>Print Name</small>	City Manager <small>Title</small>	<u>5/28/2015</u> <small>(Month, Day, Year)</small>
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