

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

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1. Agency Name CITY OF NEWPORT BEACH		Date Stamp 2015 OCT 13	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)		OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	
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: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 150.00

Event Description Wine and Food Festival Date(s) 10 / 03 / 15 10 / 03 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: NewBe Productions, LLC
Name of Source

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

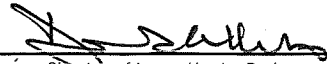
3. Recipients

• 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
Finance Department	1	Pursuant to Ticket Policy (Council Policy F-27)/Promotion of City-Sponsored Event
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Selich, Ed	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Pursuant to Ticket Policy (Council Policy F-27)/Promotion of City-Sponsored Event
Dixon, Diane	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> 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)/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.

 DAVE KIFF CITY MANAGER 10/21/15
Signature of Agency Head or Designee *Print Name* *Title* *(Month, Day, Year)*

Comment: _____

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Continuation Sheet**

Agency Name

CITY OF NEWPORT BEACH

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:
Curry, Keith	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
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>
		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