

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

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1. Agency Name CITY OF NEWPORT BEACH		Date Stamp 2014 OCT -3 AM 9:27	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) David A. Kiff, City Manager		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (949) 644-3005	E-mail lbrown@newportbeachca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 195.00

Event Description Wine and Food Festival Date(s) 9 / 20 / 14 9 / 20 / 14
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
Recreation & Senior Services Department	2	Pursuant to Ticket Policy (Council Policy F-27)/Promotion of City-Sponsored Event
Finance Department	2	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:
Hill, Rush	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
Ed Selich	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
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

(d)(5) _____ 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 _____ 10/2/14
Signature Print Name Title (Month, Day, Year)

**Agency Report of:
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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
City Manager's Office	2	Pursuant to Ticket Policy (Council Policy F-27)/Promotion of City-Sponsored Event

B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Henn, Mike	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
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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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