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

1. Agency Name
City of Irvine

Division, Department, or Region (If Applicable)
City Manager's Office

Designated Agency Contact (Name, Title)
Sean Joyce, City Manager

Area Code/Phone Number
949-724-6249

E-mail
sean.joyce@cityofirvine.org

Date Stamp
2013 NOV 14 AM 11:17

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]

Event Description
Cirque du Soleil

Face Value of Each Ticket/Pass $55.00

Date(s)
Nov. 21, 2013

Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]

If no:
Name of Source

Was ticket distribution made at the behest of agency official? No [ ] Yes [x]

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [x] Other [ ]</td>
</tr>
</tbody>
</table>

Income [ ]

If checking "Ceremonial Role" or "Other" describe below:

Ceremonial Role [x] Other [ ] Income [ ]

If checking "Ceremonial Role" or "Other" describe below:

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margaret Backstrom, executive director</td>
<td>20</td>
<td>Pass-through of 20 complimentary tickets from</td>
</tr>
<tr>
<td>Families Forward 8 Thomas Irvine</td>
<td>9268</td>
<td>Cirque du Soleil</td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19441 and 19442. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head of Department
Sean Joyce
Print Name
City Manager
Title
(Month, Day, Year) 11-14-13

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)