

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

A Public Document

1. Agency Name City of West Covina		Date Stamp RECEIVED 2018 APR 19 PM 1:52	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) City Manager's Office		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>4/19/2018</u> <small>(month, day, year)</small>	
Designated Agency Contact (Name, Title) Chris Freeland, City Manager			
Area Code/Phone Number 626-939-8401	E-mail chris.freeland@westcovina.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 35.00

Event Description: Crazy-Ex Girlfriend Live Date(s) 4 / 11 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Rachel Bloom
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Freeland, Chris
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)/ Passes	Describe the public purpose made pursuant to the agency's policy
City Council (Toma, Spence, Warshaw, Johnson)	4	Ceremonial Role- Represented community at event.
City Manager's Office (Freeland, Biery, Bresciani, Kinnard)	4	Ceremonial Role-Represented community at event.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Rozatti, Colleen	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Represented Community at 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 (include address and description)	Number of Ticket(s)/ Passes	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.

Chris Freeland
City Manager
4/19/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____