

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

A Public Document

1. Agency Name City of West Covina		RECEIVED Date Stamp 20 8 APR 19 PM 1: 52	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) City Manager's Office		CITY OF WEST COVINA CITY CLERK'S OFFICE	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)
Designated Agency Contact (Name, Title) Chris Freeland, City Manager			
Area Code/Phone Number 626-939-8401	E-mail chris.freeland@westcovina.org	Date of Original Filing: 4/19/2018 <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 \$ 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 Commissioners (Redholtz, Kaufman, Mason, Holtz, Kennedy, Castellanos)	6	Ceremonial Role- Represented community at event.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input checked="" 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 (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
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: _____