Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form City of West Covina For Official Use Only Division, Department, or Region (if applicable) 2016 MAR 3 City Manager's Office AM 7: 49 Designated Agency Contact (Name, Title) ST POVINA Chris Freeland, City Manager Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 03/28/16 Date of Original Filing: 626-939-8401 chris.freeland@westcovina.org (month, day, year) 2. Function or Event Information 250.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes ⊠ No □ Event Description: CAUSE GALA Date(s) 04, 07, 16 Provide Title/ Explanation If no: _Benjamin Wong, CAUSE Board Member Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source If yes: Chris Freeland, City Manager Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income Toma, James If checking "Ceremonial Role" or "Other" describe below: 1 Represent City at Event Bokosky, Tom & Ceremonial Role Other \square Guest Mr. Bokosky to represent City at event. Guest ticket will be declared as income or reported on Form 700 if necessary. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

Verification

I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set for	orth above, is	s in accordance
with the requirements.					

Chris Freeland

City Manager

03/30/16

gnature of Agency Head or Designee

Print Name

(month, day, year)

Form amended to reflect additional Council Member who is utilizing ticket.

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



	gency Name of West Covina						
cy	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				
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	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:				
	Warshaw, Corey	1	Ceremonial Role Other Income Income Income Income Income Ceremonial Role" or "Other" describe below: Represent City at Event.				
	# *		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
			Ceremonial Role Other Income Income Income Income				
			Ceremonial Role Other Income I				
	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				
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