City of West Covina  Division, Department, or Region (if applicable)  City Manager's Office  Street Address  1444 W. Garvey Avenue, West Covina, CA 91790  Area Code/Phone Number   E-mail   andrew.pasmant@westcovina.org   Da   Agency Contact (name and title)   Andrew G. Pasmant  2. Event For Which Tickets Were Distributed  Date(s) of Event: 11 / 10 / 10   Description of Event: LA Economic D   \$400   Agency Event   Yes   No (Identify source of tickets below.)  Name of Outside Source of Ticket(s) Provided to Agency: The Westfield Group   Number of Tickets Received: 2   Ticket(s) Provided to Agency:  3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional (Last, First)   Number of Tickets   Describe tickets   Ciceremonial reference   Represent Ciceremonial reference   Citeremonial refere	DEC 0 2 2010  CLERK'S C  Amendment (Must exp e of Original Filing:  evelopment Corpor  00  I Gratuitously  names)  ne Distribution is Incoe e Public Purpose for	me to the Official or the Distribution
City of West Covina Division, Department, or Region (#applicable) City Manager's Office Street Address  1444 W. Garvey Avenue, West Covina, CA 91790  Area Code/Phone Number   E-mail	DEC 0 2 2010  CLERK'S C  Amendment (Must exp e of Original Filing:  evelopment Corpor  00  I Gratuitously  names)  ne Distribution is Incoe e Public Purpose for	For Official Use Only  lain in Part 5.)  (month, day, year)  ation Eddy Dinner  Pursuant to Contract  me to the Official or the Distribution  inner to perform
Division, Department, or Region (if applicable)  City Manager's Office  Street Address  1444 W. Garvey Avenue, West Covina, CA 91790  Area Code/Phone Number   E-mail	CLERIC'S CONTROL MUST EXP  Amendment (Must exp  e of Original Filing:	For Official Use Only  lain in Part 5.)  (month, day, year)  ation Eddy Dinner  Pursuant to Contract  me to the Official or the Distribution  inner to perform
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Area Code/Phone Number   E-mail   andrew.pasmant@westcovina.org   Date(s) of Event:   11 / 10 / 10   Description of Event:   LA Economic Date(s) of Event   Yes   No (Identify source of tickets below.)   Name of Official (Last, First)   Name of Tickets Received:   2   Ticket(s) Provided to Agency:   The Westfield Group State Whether to Tickets   Represent Citeremonial relationship	Amendment (Must expert of Original Filing: evelopment Corpored  Gratuitously  names)  ne Distribution is Income Public Purpose for	me to the Official or the Distribution
Area Code/Phone Number 626-939-8401 andrew.pasmant@westcovina.org  Agency Contact (name and title) Andrew G. Pasmant  2. Event For Which Tickets Were Distributed Date(s) of Event: 11 / 10 / 10 Description of Event: 4400  Agency Event Yes No (Identify source of tickets below.)  Name of Outside Source of Ticket(s) Provided to Agency: The Westfield Group Number of Tickets Received: 2 Ticket(s) Provided to Agency:  3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional (Last, First) Describe the Describe the Describe the Treeland, Chris 1 Represent Citeremonial receiving Ticket(s) (Provided at the behest of a Name of Behesting Agency Official: (Provided at the behest of a Name of Behesting Agency Official: (Provided at the behest of a Name of Behesting Agency Official: (Provided at the behest of a Name of Behesting Agency Official: (Provided at the behest of a Name of Behesting Agency Official: (Provided at the behest of a Name of Behesting Agency Official: (Provided at the behest of a Name of Behesting Agency Official: (Provided at the behest of a Name of Behesting Agency Official: (Provided at the behest of a Name of Behesting Agency Official: (Provided at the behest of a Name of Behesting Agency Official: (Provided at the behest of a Name of Behesting Agency Official: (Provided at the behest of a Name of Behesting Agency Official: (Provided at the Behest of a Name of Behesting Agency Official: (Provided at the Behest of a Name of Behesting Agency Official: (Provided at the Behest of a Name of Behesting Agency Official: (Provided at the Behest of a Name of Behesting Agency Official: (Provided at the Behest of a Name of Behesting Agency Official: (Provided Agency Offic	e of Original Filing: evelopment Corpor  00  Gratuitously  names)  ne Distribution is Inco	me to the Official or the Distribution
andrew.pasmant@westcovina.org  Agency Contact (name and title) Andrew G. Pasmant  2. Event For Which Tickets Were Distributed  Date(s) of Event:	e of Original Filing: evelopment Corpor  00  Gratuitously  names)  ne Distribution is Inco	me to the Official or the Distribution
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Freeland, Chris  1 ceremonia1 ro  1. Individual or Organization Receiving Ticket(s) (Provided at the behest of a  Name of Behesting Agency Official:	ole. City was	
4. Individual or Organization Receiving Ticket(s) (Provided at the behest of a Name of Behesting Agency Official:		inner to perform
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Name of Individual or Organization:	V	
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	Number	of Tickets:
Description of Organization:		
Address of Organization:		Clate 7ia Cada
•		State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organ	zation.)	·
5. Verification		
I have determined that the distribution of tickets set forth above is in accordance with the		Regulation 18944.1.
Andrew G. Pasmant City Mana	orovisions of FPPC F	
Signature of Agency Head or Designee Print Name	_	12/2/10
Comment: (Use this space or an attachment for any additional information including amendment	_	12/2/10 (month, day, year)

Posted 12/6/10