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

Ticket/Admission Distributions			RECEIVED A Public Documer			
I. Agency Name				Date Stamp	California	802
City of West Covina			2018 HA	R-6 AMII: 50		
Division, Department, or Region (if appl	icable)		FARV G	T WERT COMINA	For Officia	i Use Only
City Manager's Office Street Address			ert i	f yest covers lenk's office		
1444 West Garvey Avenue Designated Agency Contact (Name, Title)	•				
Chris Freeland, City Manager	,			☐ Amendment (M	ust provide explanation i	n Part 3.)
Area Code/Phone Number E-mail				Date of Original Fili	ng: 03/06/2018 (month, day, ye	arl
626-939-8401 chris.fre	eland@westco\	∕ina.org			(monn, day, ye	ar <i>)</i>
. Function, Event, or Ceremonial	Role Informa	tion	•			
Title West Covina CAA Dinner					60.00	
Title West Sovina OAA Billion			Face V	alue of Each Adn	nission \$	
Description Chinese American Asso	c. Dinner		Date(s) 03 / 02 / 20	018	
			(-	, — — —		
Ticket(s)/Admission(s) provided by	agency? Yes	□ No ☑	If no: West	t Covina CAA		
., ,,,				Nam	ne of Source	
Was the distribution to persons ide	entified below r	made at th	e behest of	an agency officia	al?	
The the distribution to persons in	onthiod botom i		·	an agoney emen		
Yes 🖸 No 🔲 If yes: Chris	Freeland, City M	/lanager	ورزمها و ادر جمع			
	Official's	Name (Last, i	First) and Title			
Yes ☑ No ☐ If yes: Chris	Official's	Name (Last, i	First) and Title			
The identity of recipient(s) and	Official's the explanatio	Name (Last, i	Check the	e income box if the agen		
The identity of recipient(s) and Name (Last, First) or	Official's	Name (Last, i	Check the taxable in also prov	ncome. If the agency off ide a description.	icial performed a ceren	
The identity of recipient(s) and Name (Last, First) or Organization	Official's the explanation Number of	Name (Last, i	Check the taxable in also prov If not inco ceremoni	ncome. If the agency off ide a description. ome, describe the public al roles, performed by a	icial performed a ceren purpose, including	nonial role,
The identity of recipient(s) and Name (Last, First) or	Official's the explanation Number of Admission(s)/	Name (Last, and the contract of the contract o	Check the taxable in also prov If not inco	ncome. If the agency off ide a description. ome, describe the public al roles, performed by a	icial performed a ceren purpose, including	nonial role, idual, or
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