

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

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1. Agency Name City of West Covina		2018 MAR -6	Date Stamp AM 11:50	California Form 802
Division, Department, or Region (if applicable) City Manager's Office		CITY OF WEST COVINA CITY CLERK'S OFFICE		For Official Use Only
Street Address 1444 West Garvey Avenue				
Designated Agency Contact (Name, Title) Chris Freeland, City Manager		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: 03/06/2018 (month, day, year)		
Area Code/Phone Number 626-939-8401	E-mail chris.freeland@westcovina.org			

2. Function, Event, or Ceremonial Role Information

Title West Covina CAA Dinner Face Value of Each Admission \$ 60.00

Description Chinese American Assoc. Dinner Date(s) 03 / 02 / 2018

Ticket(s)/Admission(s) provided by agency? Yes No If no: West Covina CAA
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?


Yes No If yes: Chris Freeland, City Manager
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Macias, Edward		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Represent City in Ceremonial Role at event Income <input type="checkbox"/>
Butler, Rosalia		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Represent City in Ceremonial Role at event Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

 Chris Freeland City Manager 03/06/2018
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)