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

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. Agency Name		0.0	HOMAD C	Date Star	mp	California	202
City of West Covina		ZU	118 MAR -6	AM    : 50		Form	002
Division, Department, or Region (#	applicable)	ſ.	asty of Wi	ST GAVINA		For Officia	Use Only
City Manager's Office		¥.	TY OLER	ST CAYINA ('S OPPIEE			
Street Address							
1444 West Garvey Avenue							
Designated Agency Contact (Name, Title)				☐ Amendment (Must provide explanation in Part 3.)			n Part 3.)
Chris Freeland, City Manager					 n	3/06/2018	, ,
Area Code/Phone Number E-ma	aii			Date of Origina	l Filing:	(month, day, ye	ar)
626-939-8401 chris	s.freeland@westcov	/ina.org					
Function, Event, or Ceremon	nial Role Informat	tion					
Title West Covina CAA Dinner			Face \	/alue of Each	Admissi	ion \$ 60.00	
Description Chinese American A	Assoc. Dinner			03 / 02		/_	
Ticket(s)/Admission(s) provided	d by agency? Yes	□ No ☑	I If no: Wes	t Covina CAA			
					Name of S	ource	
Was the distribution to persons  Yes ☑ No ☐ If yes: ⓒ							
·	hris Freeland, City M Official's	lanager Name (Last, i					
Yes ✓ No ☐ If yes: C  The identity of recipient(s) are  Name (Last, First) or	chris Freeland, City M Official's  Ind the explanation  Number of Admission(s)/	lanager Name (Last, i	Check the taxable in also provided.	e income box if the ncome. If the agend ide a description.	agency offi cy official pe	erformed a ceren	
Yes ☑ No ☐ If yes: C  The identity of recipient(s) as  Name (Last, First)	chris Freeland, City M Official's  nd the explanation  Number of	lanager Name (Last, i >n: Agency	Check th taxable in also prov If not incoceremonia.	e income box if the ncome. If the agend ride a description. ome, describe the p ial roles, performed	agency offi cy official pe public purpo	erformed a ceren	noniai role,
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