Agency Report of: RECEIVED Ceremonial Role Events and Ticket/Pass Distributions A Public Document Agency Name California City of West Covina Form For Official Use Only Division, Department, or Region (If Applicable) City Manager's Office Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 06/24/2019 626-939-8401 dcarmany@westcovina.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information 20 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 28 Anaheim Angeles Baseball Game 06 2019 **Event Description** Date(s) Jones and Mayer Ticket(s)/Pass(es) provided by agency? Yes No No Name of Source David Carmany, Interim City Manager Was ticket distribution made at the behest No ☐ Yes区 If yes: of agency official? Official's Name (Last, First) 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 of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) City Clerk's Office City Initiated Contest Winner Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Other X Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Carrie Gallagher City Initiated Contest Winner Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942 I have verified that the distribution set forth above, is in accordance with the requirement avio Interim mani

Print Name

Signature of Agency Head or Designee

Comment

(Month, Day, Year)

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

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A Public Document

. Agency Name			Date Stamp JUN 2 California 202			
City of West Covina	Form OUZ					
Division, Department, or Region (If Applicable	For Official Use Only					
City Manager's Office			6111 0 2010111			
Designated Agency Contact (Name, Title)						
Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)			
626-939-8401 dcarmany@	westcovina	a.org	Date of Original Filing: 06/24/2019			
Function or Event Information			(Month, Day, Year)			
Does the agency have a ticket policy?	Yes No	☐ Face Value o	of Each Ticket/Pass \$			
Anahaim Angolas Pas		06	28 2019			
Event Description Provide Title/Exp		Date(s)				
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No	Jones Jones	and Mayer			
MATERIAL PROPERTY OF THE PROPE			Name of Source I Carmany, Interim City Manager			
Was ticket distribution made at the behest of agency official?	No Yes	If yes: David	Official's Name (Last, First)			
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Recipients • Use Section A to identify the agency's department or	unit Allea Sa	action B to identify an individu	ial. • Use Section C to identify an outside organization.			
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Company of the Company	lic purpose made pursuant to the agency's policy			
City Clerk's Office	2	City Initiated Contest Winner				
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following:			
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	Lionoto	City Initiated Contest Winner				
		Ceremonial Role	Other Income al Role" or "Other" describe below:			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
Verification						
I have read and understand FPPC Regulations 18944.1 and		erified that the distribution set fo	orth above, is in accordance with the requirements.			
Dah	a carn	nany Int	erim City Manager (c/28/19			
Signature of Agency Head or Designee	Print Nan	me J	Title (Month, Day, Year)			
Comment:						

Division, Department, or Region (If Applicable) City Manager's Office Designated Agency Contact (Name, Title) Area Code/Phone Number	Agency Name			Date Stamp	California OO
City Manager's Office Area Code/Phone Number E-mail			2019	JUN 25 PM I:	California 802
City Manager's Office Designated Agency Contact (Name, Title) Area Gode/Phone Number	Division, Department, or Region (If Applicable	e)	os s et	V OF WEST SOUR	For Official Use Only
Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail	City Manager's Office			Y OF FRK'S OFFI	i i
Area Code/Phone Number E-mail			V		
Carrie Gallagher Carria Gall	Designated Agency Contact (Name, The)				
Date of Original Filling: Collection C	Area Codo/Phone Number E mail			Amendment (Must p	provide explanation in Part 3.)
Function or Event Information Does the agency have a ticket policy? Event Description Anaheim Angeles Baseball Game Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency of agency official? Was ticket distribution made at the behest of agency of agency official? Was ticket distribution made at the behest of agency of agency official? Was ticket distribution and at the behest of agency official? Was ticket distribution and at the behest of agency official? Was ticket distribution and at the behest of agency official? Was ticket distribution and at the behest of agency official? Was ticket distribution and and adentify an outside official? Was ticket distribution and adentify one of the following: Carrier Gallagher Ceremonial Role Other Income if the checking "Generochial Role" or "Other describe below: City Initiated Contest Winner Ceremonial Role Other Income if the checking "Generochial Role" or "Other describe below: C. Name of Outside Organization Number of Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency is in accordance with the a		westcovina	a.org	Date of Original Filing:	
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