

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

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1. Agency Name		Date Stamp: 2019 JUN 25 PM California Form 802 For Official Use Only CITY OF WEST COVINA CITY CLERK'S OFFICE
City of West Covina		
Division, Department, or Region (If Applicable)		
City Manager's Office		
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: 06/24/2019 (Month, Day, Year)
Area Code/Phone Number		
E-mail		
626-939-8401	dcarmany@westcovina.org	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Anaheim Angeles Baseball Game
Provide Title/Explanation

Face Value of Each Ticket/Pass \$: 20

Date(s): 06, 28, 2019

Ticket(s)/Pass(es) provided by agency? Yes No

Was ticket distribution made at the behest of agency official? No Yes

If no: Jones and Mayer
Name of Source

If yes: David Carmany, Interim City Manager
Official's Name (Last, First)

3. 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
City Clerk's Office	1	City Initiated Contest Winner
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Carrie Gallagher	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> City Initiated Contest Winner
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

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 requirements.

Signature of Agency Head or Designee:

Print Name: David Carmany Title: Interim City Manager Date: 6/25/19

Comment:

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City of West Covina		2019 JUN 28	For Official Use Only
Division, Department, or Region (If Applicable)		CITY OF WEST COVINA CITY CLERK'S OFFICE	
City Manager's Office			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
626-939-8401	dcarmany@westcovina.org	Date of Original Filing: 06/24/2019 (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Anaheim Angeles Baseball Game
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 125.00

Date(s) 06/28/2019

Ticket(s)/Pass(es) provided by agency? Yes No

Was ticket distribution made at the behest of agency official? No Yes

If no: Jones and Mayer
Name of Source

If yes: David Carmany, Interim City Manager
Official's Name (Last, First)

3. Recipients

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A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
City Clerk's Office	2	City Initiated Contest Winner
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Lesley Munoz	2 tickets	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> City Initiated Contest Winner
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

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Signature of Agency Head or Designee: David Carmany Print Name: Interim City Manager Title: 06/25/19 (Month, Day, Year)

Comment: _____

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City of West Covina
 Division, Department, or Region (If Applicable)
 City Manager's Office
 Designated Agency Contact (Name, Title)
 Area Code/Phone Number: 626-939-8401
 E-mail: dcarmany@westcovina.org

Date Stamp: 2019 JUN 25 PM 1:25
 California Form 802
 For Official Use Only

Amendment (Must provide explanation in Part 3.)
 Date of Original Filing: 06/24/2019 (Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes No
 Face Value of Each Ticket/Pass \$ 125.00
 Event Description: Anaheim Angeles Baseball Game
 Provide Title/Explanation
 Date(s): 06/28/2019
 Ticket(s)/Pass(es) provided by agency? Yes No
 If no: Jones and Mayer (Name of Source)
 Was ticket distribution made at the behest of agency official? No Yes
 If yes: David Carmany, Interim City Manager (Official's Name (Last, First))

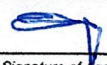
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A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
City Clerk's Office	2	City Initiated Contest Winner
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Carrie Gallagher	2 tickets	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: City Initiated Contest Winner
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

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Signature of Agency Head or Designee: 
 Print Name: David Carmany
 Title: Interim City Manager
 Date: 6/25/19 (Month, Day, Year)

Comment: