

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

A Public Document

1. Agency Name City of West Covina		RECEIVED Date Stamp JUL 29 2015 CITY CLERK'S OFFICE CITY OF WEST COVINA	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) City Manager's Office			<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)
Designated Agency Contact (Name, Title) Tom Mauk, Interim City Manager			
Area Code/Phone Number 626-939-8401	E-mail tom.mauk@westcovina.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 100.00

Event Description Special Olympics Opening Ceremony Date(s) 7 / 25 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Special Olympics World Games
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Freeland, Chris (Assistant 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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Sykes, Fredrick	2	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Attended as Honorary Chairperson of Host Town for Team Nippon (Japan)
Toma, James	2	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Attended as Honorary Chairperson of Host Town for Team Nippon (Japan)
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.

 _____ <small>Signature of Agency Head or Designee</small>	Tom Mauk _____ <small>Print Name</small>	City Manager _____ <small>Title</small>	7/27/15 _____ <small>(Month, Day, Year)</small>
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Comment: None.