

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

A Public Document

<b>1. Agency Name</b>		<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small;">Date Stamp</p> <p style="font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</p> <p style="font-size: 1.5em; font-weight: bold;">JUL 29 2015</p> <p style="font-weight: bold;">CITY CLERK'S OFFICE CITY OF WEST COVINA</p> </div>	<div style="border: 1px solid black; padding: 5px;"> <p style="font-weight: bold; font-size: 1.5em;">California Form 802</p> <p style="font-size: x-small;">For Official Use Only</p> </div>
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: _____ <span style="font-size: x-small;">(Month, Day, Year)</span>	
Chris Freeland, Assistant City Manager			
Area Code/Phone Number	E-mail		
626-939-8402	chris.freeland@westcovina.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ **COMPED**

Event Description Special Olympics Closing Ceremony    Date(s) 08 / 02 / 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
Community and Recreation Services	4	Recognize volunteers in the community that assisted with Host Town services.
<b>B. Name of Individual (Last, First)</b>		
Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Sykes, Fred	4	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Represented City of West Covina as Host Town Chairperson
Spence, Mike	4	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Represented City of West Covina as Host Town Chairperson
<b>C. Name of Outside Organization (include address and description)</b>		
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>	Chris Freeland _____ <small>Print Name</small>	Assistant City Manager _____ <small>Title</small>	07/29/15 _____ <small>(Month, Day, Year)</small>
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