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

| Δ | PI | ıhl     | ic | D | വ | IIn | nent |
|---|----|---------|----|---|---|-----|------|
| _ |    | 4 BJ II | 10 | _ | - |     |      |

| 1. | Agency Name  |  |   |  | Date Stamp  | California OOO                 |  |  |  |  |  |
|----|--|--|---|--|---|--------------------------------|--|--|--|--|--|
|    | City of Ontario  |  |   | Form OUZ   |   |                                |  |  |  |  |  |
|    | Division, Department, or Regi  | on (if applicable)   | 201   | 6 MAR 3  | PM 12 59  | For Official Use Only          |  |  |  |  |  |
|    | Designated Agency Contact (Name, Title)  |  |   |  |   |                                |  |  |  |  |  |
|    | Al C. Boling, City Manager   |  |   |  |   |                                |  |  |  |  |  |
|    | Area Code/Phone Number   | E-mail   |   |  | Amendment (Must Provide Explanation in Part 3.)         |                                |  |  |  |  |  |
|    | 909-395-2000   | aboling@ontarioca.   | gov   |  | Date of Original Filing                                 | (month, day, year)             |  |  |  |  |  |
| 2. | Function or Event Inform   | nation   |   |  |   |                                |  |  |  |  |  |
|    | Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ 67.00   |  |   |  |   |                                |  |  |  |  |  |
|    | Event Description: Reign vs.   |  |   |  | <u>, 12 , 16</u>  |                                |  |  |  |  |  |
|    |  | Provide Title/Explan   | ation   |  |   |                                |  |  |  |  |  |
|    | Ticket(s)/Pass(es) provided to   | oy agency? Yes ∑   | ☑ No ☐ If   | no:  | Name of Source  |                                |  |  |  |  |  |
|    | Was ticket distribution made   | at the behest Yes  | No 🗆 If   | yes: Boling,   | AI C.  Official's Name (Last, First                     |                                |  |  |  |  |  |
|    | of agency official?  | .00 [  | _ 140 L   |  | Official's Name (Last, Firs                             | t)                             |  |  |  |  |  |
| 3. | Paciniants   |  |   |  |   |                                |  |  |  |  |  |
| ٥. |  | 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, Depar   | Number<br>of Ticket(s)/  | Describe the public purpose made pursuant to the agency's polic |  |   |                                |  |  |  |  |  |
|    |  |  | Passes  | <u> </u>   |   |                                |  |  |  |  |  |
|    |  |  |   |  |   |                                |  |  |  |  |  |
|    | MACHINET TO AND THE CONTROL OF THE C |  |   |  |   |                                |  |  |  |  |  |
|    |  |  |   |  |   |                                |  |  |  |  |  |
|    | B. Name of Individual (Last, First)  |  | Number<br>of Ticket(s)/<br>Passes                               |  | Identify one of the following:                          |                                |  |  |  |  |  |
|    | Wapner, Alan   |  | 5   | Ceremonial Role  Other  Income  Income  Section 4 (I), (q) |   |                                |  |  |  |  |  |
|    |  |  |   | 1  | monial Role Other Cking "Ceremonial Role" or "Other" of |                                |  |  |  |  |  |
|    | C. Name of Outside Or (include address and   |  | Number<br>of Ticket(s)/<br>Passes                               | Describe ti  | cribe the public purpose made pursuant to the agenc     |                                |  |  |  |  |  |
|    | **************************************   |  |   |  |   |                                |  |  |  |  |  |
| 1  | Verification   |  |   |  |   |                                |  |  |  |  |  |
| ٠. | I have read and understand FPF   | PC Regulations 18044   | 1 and 180/12  | l have verified  | that the distribution set                               | forth above is in accordance   |  |  |  |  |  |
|    | with the requirements.   | O Negulations 10944.   | i anu 10942.  | i nave velilleu  | anat une distribution Set                               | TOTAL ADOVE, IS III ACCOLUANCE |  |  |  |  |  |
|    | MITTE  | . Boling   |   | City Manager   | 03/01/16  |                                |  |  |  |  |  |
|    | Signature of Agency Head or Designe  |  | nt Name   |  | Title   | (month, day, year)             |  |  |  |  |  |
|    | Comment: All tickets provide   | ed nursuant to Section   | n 4 6 1 of the  | e Event Cent   | er Operating Agreem                                     | ent                            |  |  |  |  |  |
|    | Comment: / Comment   | - paroaunt to ocolic   | 1.0. 1 01 111   | C EVOIN OOM  |   | Offic.                         |  |  |  |  |  |