

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

**A Public Document**

|   |                                 |  |   |
|---|---------------------------------|--|---|
| <b>1. Agency Name</b><br>City of Ontario                              |                                 | <p>RECEIVED<br/>Date Stamp<br/>16 MAR 25 AM 11:01<br/>CITY OF ONTARIO<br/>CITY CLERK/RECORDS</p> | <p><b>California Form 802</b><br/>For Official Use Only</p> |
| Division, Department, or Region (if applicable)                       |                                 |  |   |
| Designated Agency Contact (Name, Title)<br>Al C. Boling, City Manager |                                 | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)                         |   |
| Area Code/Phone Number<br>909-395-2000                                | E-mail<br>aboling@ontarioca.gov | Date of Original Filing: _____<br>(month, day, year)   |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 67.00

Event Description: Harlem Globetrotters Date(s) 02 / 20 / 16  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Boling, Al C.  
*Official's Name (Last, First)*

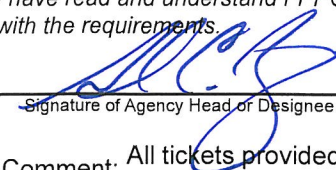
**3. Recipients**

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|---|-----------------------------|---|
|   |                             |   |
|   |                             |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:  |
| Wapner, Alan  | 3                           | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>Section 4 (l), (q) |
| Bowman, Jim   | 2                           | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>Section 4 (l), (q) |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
| Dan Callahan<br>American Legion, Post 112                         | 1                           | Section 4 (c), (h)  |
| 310 West Emporia Street<br>Ontario, CA 91762                      |                             |   |

**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.


Al C. Boling
City Manager
03/22/16  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: All tickets provided pursuant to Section 4.6.1 of the Event Center Operating Agreement.

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

Agency Name

City of Ontario

**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)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
|   |                             |  |
|   |                             |  |
| B. Name of Individual<br>(Last, First)  | Number of Ticket(s)/ Passes | Identify one of the following:   |
| Reddick, Georgina   | 5                           | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i><br>Section 4 (f), (h) |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i>                       |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i>                       |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i>                       |
| C. Name of Outside Organization<br>(include address and description)                            | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
| John Pomierski<br>American Legion, Post 112<br><br>310 West Emporia Street<br>Ontario, CA 91762 | 1                           | Section 4 (c), (h)   |
|   |                             |  |
|   |                             |  |