Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California City of Ontario Form Division, Department, or Region (if applicable) For Official Use Only Designated Agency Contact (Name, Title) Al C. Boling, City Manager Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 909-395-2000 Date of Original Filing: aboling@ontarioca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 67.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: CIF Date(s) \_\_02 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: \_ If yes: Boling, Al C. Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Α. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other 🗌 Income \_\_\_ Bowman, Jim If checking "Ceremonial Role" or "Other" describe below. 8 Section 4 (q) Ceremonial Role Other Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

## 4. Verification

I have read and understa	nd FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth	above, is in accordance
with the requirements.					,

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Signature o	of Ag	ency	/ Head	ør	Designee	

Al C. Boling

City Manager

03/22/16 (month, day, year)

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