Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California City of Ontario Division, Department, or Region (if applicable) For Official Use Only 2016 MAY PM 4 15 Designated Agency Contact (Name, Title) Al C. Boling, City Manager Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 909-395-2000 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: Disney On Ice-Treasure Cove Date(s) __04 Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ If yes: Boling, AI 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 A. 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 \square Income Leon, Paul If checking "Ceremonial Role" or "Other" describe below. 12 Section 4 (I), (q) Ceremonial Role Other \Box Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

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

Signature of Agency Head or Designee

Al C. Boling

City Manager

05/03/16 (month, day, year)

All tigkets provided pursuant to Section 4.6.1 of the Event Center Operating Agreement.