1.	Agency Name			A Public Docume Date Stamp California			
	City of Ontario					$_{\text{orm}}$ 802	
	Division, Department, or Region (if applicable)				F	or Official Use Only	
	2016 MAY				3 PM 4 16		
	Designated Agency Contact (Name, Title)				J PM 4 16		
	Al C. Boling, City Manager				Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number E-mail				(wust Tovide Explanation in Part 3.)		
	909-395-2000	aboling@ontarioca	.gov		Date of Original Filing:(month	, day, year)	
3.	Function or Event Information						
	Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of				Each Ticket/Pass \$ 67.00		
	D				<u></u>		
	Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:				Name of Source		
	D 1:				Name of Source AI C.		
	Was ticket distribution made at the behest Yes ⊠ No ☐ If yes: Boling, / of agency official?				Official's Name (Last, First)		
	Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit		Use Section B to Number of Ticket(s)/ Passes		van individual. • Use Section C to identify an outside organization. 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:		
	Bowman, Jim		6		monial Role Other Sking "Ceremonial Role" or "Other" describe below:	Income 🗌	
				1	monial Role Other Chericking "Ceremonial Role" or "Other" describe below:	Income	
			Number				
	C. Name of Outside Or (include address and	박 사람들이 가지 않는 것이 되고 있다면 하는 것이 되었다. 그 사람들은 사람들이 되었다.	of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant to th	ne agency's policy	

with the requirements.

AI C. Boling
City Manager
05/03/16

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.