	gency Report of: eremonial Role Ever	nts and Ticket/F	Pass Distr	ibutions	Δ	Public Document	
	Agency Name				Date Stamp	California OOO	
	City of Ontario				Clamp	Form 802	
	Division, Department, or Region (if applicable)					For Official Use Only	
	2016 SEP 3			30 PM 3 55			
	Designated Agency Contact	(Name,Title)					
	Al C. Boling, City Manager						
	Area Code/Phone Number	E-mail			Amendment (Must Pro	vide Explanation in Part 3.)	
	909-395-2000	aboling@ontarioca	a.gov		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Info	(monut, day, year)					
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ 67.00						
	•	. , , , , ,					
	Event Description: USA vs. Brazil/Soccer Game Provide Title/ Explanation Date(s)						
	Horot(a)/1 ass(es) provided	by agency: 1es	Name of Source				
	Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Boling, A				Official's Name (Last, First)		
	of agency official?	, 55 ,	Official's Name (Last, First)				
	• Use Section A to identify the age A. Name of Agency, Dep		Use Section B to Number of Ticket(s)/ Passes		ual. • Use Section C to identif		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fol	owing:	
	Leon, Paul		12	1	nonial Role Other cing "Ceremonial Role" or "Other" descr , (q)	Income	
	Dorst-Porada, Debra		1	1	onial Role Other cing "Ceremonial Role" or "Other" descr	Income L	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy	
-							
	Verification	DDC Dogwieties 100 to	1 d am -1 d 00 d 0	16	L_1 L		
	I have read and understand FF with the requirements	PC Regulations 18944	.1 and 18942.	ı nave verified t	hat the distribution set fort	h above, is in accordance	
			C. Boling		City Manager	09/30/16	
-	Signature of Agency Head or Design	iee Pi	rint Name		Title	(month, day, year)	

All tickets provided pursuant to Section 3.5.1 & 3.5.2 of the Comm. Events Center Operating Agrmnt; 7/1/16.

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



	ncy Name						
F	of Ontario 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 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:				
В	owman, Jim	7	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Section 4 (q)				
J:	asper, Judy	1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Section 4 (f), (h)				
N	ixon, Leslie	1	Ceremonial Role Other Income Income Section 4 (f), (h)				
Н	ammond, James	5	Ceremonial Role Other Income Income Section 4 (h), (I)				
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				