Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

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I. Agency Name			Date S	tamp	California O O O	
City of Ontario	P D C (0)					
Division, Department, or Region (if applicable)				PM 3	37 For Official Use Only	
Designated Agency Contact (Name, Title)						
Al C. Boling, City Manager	Amondment (Must Provide Fuelous for its Darts)					
Area Code/Phone Number E-mail			☐ Amendment (Must Provide Explanation in Part 3.)			
909-395-2000 aboling@ontarioca.	gov		Date of Original Filing: (month, day, year)			
2. Function or Event Information						
Does the agency have a ticket policy? Yes [⊠ No 🗆 F	ace Value of I	Each Ticket/f	ass \$ <u>67.</u>	.00	
		Date(s)11				
Event Description: Toruk-The First Flight Provide Title/ Explar	nation	Jaie(5)				
Ticket(s)/Pass(es) provided by agency? Yes	No□ I	f no:				
Mos tigket distribution made at the half at the		f yes: Boling,		rce		
Was ticket distribution made at the behest Yes E of agency official?	≦ No 🗆 ''	i yes	Official's Name	(Last, First)		
or agency official?						
3. Recipients						
• Use Section A to identify the agency's department or unit.	Use Section B to i	identify an individ	ual. • Use Sectio	n C to identii	fy an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe th	e public purpos	e made purs	uant to the agency's policy	
	Passes					
	Number					
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify	one of the fo	llowing:	
	1 83303	Cerem	onial Role	Other \square	Income 🗌	
Ricci, Elizabeth	6	If check	ing "Ceremonial Role			
	J	Section 4 (I)				
		Cerem	onial Role	Other 🗌	Income 🔲	
			ing "Ceremonial Role			
Name of Outside Organization	Number of Ticket(s)/	Describe the	a nublic nurnos	o mado nurci	uant to the agency's policy	
(include address and description)	Passes	Describe un	s paone parpos	e made purs	uant to the agency's policy	
· Verification						
I have read and understand FPPC Regulations 18944.	1 and 18942.	I have verified t	hat the distrib	ution set for	th above, is in accordance	
with the requirements.						
	. Boling		City Man	ager	12/02/16	
Signature of Agency Head or Designee Pri	nt Name		Title		(month, day, year)	
Comment: All lickets provided pursuant to Section	on 3.5.1 & 3.5	5.2 of the Com	ım. Events C	enter Ope	rating Agrmnt; 7/1/16.	