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

**A Public Document**

**California Form 802**

## 1. Agency Name

City of Ontario

**Division, Department, or Region** *(if applicable)*

**Designated Agency Contact** *(Name, Title)*

Al C. Boling, City Manager

| Area Code/Phone Number | E-mail |
|---|---|
| 909-395-2000 | aboling@ontarioca.gov |

Date Stamp

2016 DEC 19 AM 7 33

For Official Use Only

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

**Date of Original Filing:** _____
*(month, day, year)*

## 2. Function or Event Information

Does the agency have a ticket policy?     Yes ☒  No ☐

Face Value of Each Ticket/Pass $ 67.00

Event Description: Fury vs. Turlock/ Soccer Game
*Provide Title/ Explanation*

Date(s) 11 / 25 / 16     ___ / ___ / ___

Ticket(s)/Pass(es) provided by agency?     Yes ☒  No ☐

If no: _____
*Name of Source*

Was ticket distribution made at the behest of agency official?     Yes ☒  No ☐

If yes: Boling, Al C.
*Official's Name (Last, First)*

## 3. 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.

| **A.** Name of Agency, Department or Unit | 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: |
|---|---|---|
| Stephenson, Sherry | 4 | Ceremonial Role ☐   Other ☐   Income ☐ <br> *If checking "Ceremonial Role" or "Other" describe below:* <br> Section 4 (f), (h) |
| | | Ceremonial Role ☐   Other ☐   Income ☐ <br> *If checking "Ceremonial Role" or "Other" describe below:* |

| **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 |
|---|---|---|
| | | |
| | | |

## 4. Verification

*I have read and understand 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 <br> Print Name | City Manager <br> Title | 12/16/16 <br> *(month, day, year)* |
|---|---|---|---|

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