

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

**A Public Document**

<b>1. Agency Name</b> City of Ontario Division, Department, or Region <i>(if applicable)</i>		Date Stamp  2016 MAY 18 AM 9 02	<b>California Form 802</b> For Official Use Only
Designated Agency Contact <i>(Name, Title)</i> Al C. Boling, City Manager		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
Area Code/Phone Number 909-395-2000	E-mail aboling@ontarioca.gov	Date of Original Filing: _____ <i>(month, day, year)</i>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 67.00

Event Description: Disney on Ice-Treasure Cove 5 pm    Date(s) 04 / 17 / 16  
*Provide Title/Explanation*

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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
Bowman, Jim	6	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Section 4 (l), (q)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	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 Print Name	City Manager Title	05/17/16 <i>(month, day, year)</i>
--------------------------------------	----------------------------	-----------------------	---------------------------------------

Comment: All tickets provided pursuant to Section 4.6.1 of the Event Center Operating Agreement.