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

A Public Document

1.	Agency Name			Date S	Stamp	California OOO
	City of Ontario	93	II6 FEB	0 nm	Form OUZ	
	Division, Department, or Region (If Applicable)				2 PM	3 28 or Official Use Only
	Designated Agency Contact (Name, Title)					
	I C. Boling, City Manager rea Code/Phone Number E-mail					
				Amendment (Must provide explanation in Part 3.)		
	909-395-2000 aboling@on	tarioca.gov		Date of Orig	inal Filing: .	(Month, Day, Year)
2.	Function or Event Information					
	· · · · · · · · · · · · · · · · · · ·			of Each Ticket/Pass \$67.00		
	Event Description Reign vs. Stars/ Hockey Game Date(s) 01				16	
	cket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:				Name of Sou	urce
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Boling of agency official?			, Al C.	cial's Name (L	
				От	cial's Name (L	ast, 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	Describe the public purpose made pursuant to the agency's policy				
		Pass(es)				
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
	Wapner, Alan		Ceremonial Role	Other	_	Income
	•	4	Section 4 (I), (q)			
			Ceremonial Role [Income 🔲
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to the agency's policy		
	erification lave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.					
	St. D	Al C. Bol	ling	City Mar	nager	n the requirements. 02/02/16
	Signature of Agency Head of Designee Print Name Title (Month, Day, Year)					
	Comment: All tickets provided pursuant to	Section 4.6	.1 of the Event Center	r Operating <i>i</i>	Agreemer	nt.