

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

**A Public Document**

<b>1. Agency Name</b> City of Ontario		RECEIVED 16 OCT 18 PM 5:16 CITY OF ONTARIO CITY CLERK/RECORDS	Date Stamp
Division, Department, or Region (if applicable)			<b>California Form 802</b> For Official Use Only
Designated Agency Contact (Name, Title) Al C. Boling, City Manager			
Area Code/Phone Number 909-395-2000	E-mail aboling@ontarioca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

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

Event Description: Casting Crowns    Date(s) 09 / 24 / 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 (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Leon, Paul	8	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Section 4 (l), (q)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

	Al C. Boling	City Manager	10/17/16
Signature of Agency Head or Designee	Print Name	Title	(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.