Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California City of Ontario Form For Official Use Only Division, Department, or Region (if applicable) 2016 DEC 13 AM 7 36 Designated Agency Contact (Name, Title) Al C. Boling, City Manager ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 909-395-2000 aboling@ontarioca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 67.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Toruk-The First Flight/ 5:00 p.m. Date(s) __11__/ Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ If yes: Boling, AI C. Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Other \square Ceremonial Role Income Dorst-Porada, Debra If checking "Ceremonial Role" or "Other" describe below. 4 Section 4 (I), (q) Ceremonial Role Income Other Wapner, Alan If checking "Ceremonial Role" or "Other" describe below. 5 Section 4 (I), (q) Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes**

4. Verification

I have read and understar	nd FPPC Regulations	18944.1 and 1	18942. I have	verified that the	distribution set for	rth above, i	s in accordance
with the requirements.	_						

110 2			
	Al C. Boling	City Manager	12/08/16
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.

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



Agency Name ty of Ontario						
Recipie	ents	it. • Use Section B to	identify an individual. • Use Section C to identify an outside organization.			
	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:			
Bowman	n, Jim	7	Ceremonial Role Other Income Income Section 4 (q)			
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:			
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
			Ceremonial Role Other Income 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			