Agency Report of:

Ceren	nonial	Role	Events	and	Ticket/Pass	Distributions

A Public Document

1.	Agency Name		Date Stamp California									
	City of Ontario				Form OUZ							
	Division, Department, or Regi	ion (if applicable)	DED 40	^~	en.	For Official Use Only						
			DEC 19	HI'I	1	34						
	Designated Agency Contact (Name, Title)										
	Al C. Boling, City Manager		☐ Amend	ment //	Must Dr	ovide Explanation in Part 3.1						
	Area Code/Phone Number	Amendment (Must Provide Explanation in Part 3.)										
	909-395-2000	oca.gov	Date of Original Filing:(month, day, year)				(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: Reign vs. Checkers/ Hockey Game Date(s) 12 / 03 / 16 / / / / / / / / / / / / / / / / /											
	Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:											
	Was ticket distribution made at the behest Yes ⊠ No ☐ If yes: Boling, AI 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, Depa	Number of Ticket(s)/ Passes		e the public purpose made pursuant to the agency's policy								
	B. Name of Indi	vidual	Number									
	(Last, Fire		of Ticket(s)/ Passes		identii	y one o	r the ro	llowing:				
	Wapner, Alan	4	1	emonial Role Other Income Ceremonial Role" or "Other" describe below: (q)								
				1	nonial Role king "Ceremonial R		her her desc	Income				
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpo	ose mad	le purs	uant to the agency's policy				
	Verification I have read and understand FP.	PC Regulations 18	944.1 and 18942.	I have verified t	that the distri	bution	set fo	rth above, is in accordance				
	with the requirements.	Al C. Boling			anager		12/16/16					
	Signature of Agency Head or Design		Print Name		Tit			(month, day, year)				
	Comment: All tickets provide	ed pursuant to Se	ection 3.5.1 & 3.5	5.2 of the Com	nm. Events	Cente	r Ope	erating Agrmnt; 7/1/16.				