

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

**A Public Document**

|  |                                 |   |  |
|--|---------------------------------|---|--|
| <b>1. Agency Name</b><br>City of Ontario                                     |                                 | Date Stamp  | <b>California Form 802</b><br><small>For Official Use Only</small> |
| Division, Department, or Region <i>(if applicable)</i>                       |                                 | 2017 FEB 2 PM 2 28  |  |
| Designated Agency Contact <i>(Name, Title)</i><br>Al C. Boling, City Manager |                                 | <input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i><br><br>Date of Original Filing: _____<br><small>(month, day, year)</small> |  |
| Area Code/Phone Number<br>909-395-2000                                       | E-mail<br>aboling@ontarioca.gov |   |  |

**2. Function or Event Information**

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

Event Description: Trans-Siberian Orchestra/ 7:30 p.m.    Date(s) 12 / 27 / 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 <small>(Last, First)</small>                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| Leon, Paul   | 15                          | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>Section 4 (l), (q) |
| Valencia, Ruben  | 7                           | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>Section 4 (l), (q) |
| C. Name of Outside Organization <small>(include address and description)</small> | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
| Dr. James Hammond<br>Ontario- Montclair School District                          | 4                           | Section 4 (h), (l)   |
| 950 West D Street<br>Ontario, CA 91762   |                             |  |

**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.*

|   |   |                                      |   |
|---|---|--------------------------------------|---|
| <br><small>Signature of Agency Head or Designee</small> | Al C. Boling<br><small>Print Name</small> | City Manager<br><small>Title</small> | 02/01/17<br><small>(month, day, year)</small> |
|---|---|--------------------------------------|---|

Comment: All tickets provided pursuant to Sections 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

City of Ontario

**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:   |
| Willougby, Jim  | 2                           | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>Section 4 (l) |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:                  |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:                  |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>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   |
|   |                             |  |
|   |                             |  |
|   |                             |  |
|   |                             |  |