Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form City of Ontario Division, Department, or Region (if applicable) For Official Use Only 2017 FFR 2 PM 2 29 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 \$ $\frac{67.00}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Reign vs. Condors/ Hockey Game Date(s) 01 / 14 / 17 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Boling, Al 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. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income Valencia, Ruben If checking "Ceremonial Role" or "Other" describe below. 2 Section 4 (I), (q) Income Ceremonial Role Other 🔲 Boling, Al If checking "Ceremonial Role" or "Other" describe below: 3 Section 4 (I), (q) Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Section 4 (c), (h) SoCal Titans Incorporation 2 131 West Easy Street Simi Valley, CA 93065 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 | | | |
|--------------------------------------|--------------|--------------|------------------|
| Media | Al C. Boling | City Manager | 02/01/17 |
| Signature of Agency Head or Designee | Print Name | Title | (month day year) |

Signature of Agency Head or Designee Print Name Title (month, day, year)

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**

3.



| gency Name | | |
|---|-----------------------------------|--|
| 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: |
| Carmona, Rachel | 2 | Ceremonial Role Other Income Section 4 (f), (h) |
| Ambriz, Christine | 2 | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Section 4 (f), (h) |
| | | 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 |
| Jacqueline Casillas American Lung Association | 4 | Section 4 (c), (h) |
| 441 Mackay Drive San Bernardino, CA 92408 | | |
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