Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

Α	Pı	ub	li	C	Do	C	ui	m	е	n	t
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. Agency Name			Date Stamp	California Q02	
City of Ontario				Form 002	
Division, Department, or Region (if applicable)				For Official Use Only	
		SASS MALE	Man an		
Designated Agency Contact (Name, Title)		COIT JUN	8 PM 1 09		
Al C. Boling, City Manager			Amendment (Must Pro		
Area Code/Phone Number E-mail				,	
909-395-2000 aboling@ontario	ca.gov		Date of Original Filing: _	(month, day, year)	
. Function or Event Information			-		
Does the agency have a ticket policy? Ye.	s⊠ No□ F	ace Value of I	Each Ticket/Pass \$.00	
Event Description: Reign Play Off Game	г	Date(s)05/	01 , 17	1	
Provide Title/ Exp	nlanation				
Ticket(s)/Pass(es) provided by agency? Yes	s⊠ No□ If	no:	Name of Source		
		Boling.	Name of Source AI C. Official's Name (Last, First)		
Was ticket distribution made at the behest Yes	s 🔼 No 🗌 🖽	yes	Official's Name (Last, First)		
of agency official?					
. Recipients					
 Use Section A to identify the agency's department or unit. 	• Use Section B to i	dentify an individ	ual. • Use Section C to identif	fy an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/		e public purpose made purs		
	Passes				
	No.				
B. Name of Individual (Last, First)	Number of Ticket(s)/	Identify one of the following:			
(Last, I half	Passes				
Valencia, Ruben		1	onial Role	Income L ribe below:	
	6	Section 4, (I)	, (q)		
		1	onial Role Other O	Income	
	Number				
C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy	
Ontaria Mauntain Vianu Little Laggue	1 03003	Section 4, (c	\ (b)		
Ontario Mountain View Little League 3045 S. Archibald Ave,Ste H,#195,	4	36011011 4, (0), ('' <i>)</i>		
	+				
Ontario, CA 91761					
Verification		1			
	44.4 and 490.40	l have varified t	hat the distribution ant for	th chave is in accordance	
I have read and understand FPPC Regulations 189- with the regularments.	44.1 anu 1 0942 .1	ı nave venned ti	iai irie distribution set for	ит авоче, тъ ит ассотиалсе	
111/4	IC Boline		Clty Manager	06/07/47	
Signature of Agency Head or Designee	I C. Boling Print Name		Clty Manager	06/07/17 (month, day, year)	
5.g	ctions 3.5.1 & 3.			(viini, day, your)	