**Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form City of Ontario For Official Use Only Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) 2317 AUG 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 \$ 0.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Earth Wind and Fire Rehearsal Date(s) 07 / 07 / 17 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other . Income Leon, Paul If checking "Ceremonial Role" or "Other" describe below: 8 Section 4, (I), (q) Ceremonial Role Other  $\square$ Income Valencia, Ruben If checking "Ceremonial Role" or "Other" describe below: 8 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, (I) Nancy De Diemar 2 422 W. Sixth St., 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. Al C. Boling Clty Manager 08/09/17

Print Name

provided pursuant to Sections 3.5.1 & 3.5.2 of the Comm. Events Center Operating Agrmnt; 7/1/16

Signature of Agency Head or Designee

(month, day, year)

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



Agency Name y of Ontario		
Recipients		
	• 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:
Boling, Al	3	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:  Section 4, (I), (q)
Antillon, Cindy	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:  Section 4, (o), (p)
Escalante, Nicole	4	Ceremonial Role Other Income Income Section 4, (o), (p)
		Ceremonial Role Other Income 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
Rodney Jones 7802 La Nita St., Highland, CA 92346	2	Section 4, (g)
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