

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

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1. Agency Name City of Ontario Division, Department, or Region (if applicable)		Date Stamp 12 FEB 13 AM 8	California Form 802 For Official Use Only
Street Address 303 East B Street, Ontario, CA 91764		CITY OF ONTARIO CITY CLERK/RECORDS	
Designated Agency Contact (Name, Title) Chris Hughes, City Manager			
Area Code/Phone Number 909-395-2000	E-mail chughes@ci.ontario.ca.us	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function, Event, or Ceremonial Role Information**

Title Reign vs. Utah Face Value of Each Admission \$ 67.00

Description Hockey Game Date(s) 02 / 10 / 12

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: AEG  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Hughes, Chris, City Manager  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Wapner, Alan	4	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/> Policy Section 4 (j), (l), (q)
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

...ulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,

Chris Hughes City Manager 02/13/12  
Print Name Title (month, day, year)

... (Use this space of an amendment for any additional information including amendment explanation.)

ALL TICKETS PROVIDED PURSUANT TO SEC. 4.6.1 OF THE AEG EVENT CENTER OPERATING AGREEMENT