## **Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Strop 1. Agency Name California **Form** City of Ontario For Official Use Only Division, Department, or Region (if applicable) **Designated Agency Contact (Name, Title)** Scott Ochoa, City Manager ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 909-395-2000 sochoa@ontarioca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 67.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Godsmack with Halestorm Date(s) \_\_\_\_\_/ 13 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No 🗌 If no: \_ Name of Source If yes: Ochoa, Scott 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 A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other Income Leon, Paul If checking "Ceremonial Role" or "Other" describe below: 18 Section 4, (I), (q) Ceremonial Role Other Income Valencia, Ruben If checking "Ceremonial Role" or "Other" describe below 6 Section 4, (I), (q) Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) **Passes**

## 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

Scott Ochoa City Manager 11/05/19
Signature of Agency Head or Designee Print Name Title (month, day, year)

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



Agency Name ity of Ontario			
Reci	pients	it. • Use Section B to	identify an individual. • Use Section C to identify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Bown	nan, Jim	8	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Section 4, (q)
			Ceremonial Role Other Income  If checking "Ceremonial Role" or "Other" describe below:
			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