	gency Report of: eremonial Role Even	ts and Ticket/F	ass Distr	ibutions		A Public Docume	ent	
_	Agency Name				Date:Stamp	California 80	0-1	
	City of Ontario				母母	101111	_	
	Division, Department, or Reg	ion (if applicable)			정병	For Official Use Only		
	Designated Agency Contact (Name, Title)				petrol ment			
	Scott Ochoa, City Manager				Lattie			
	Area Code/Phone Number E-mail				Amendment (Must Provide Explanation in Part 3.)			
	909-395-2000	sochoa@ontarioca	ı.gov		Date of Original Filir	ng:(month, day, year)		
_ 2.	Function or Event Infor	mation						
	Does the agency have a ticket policy? Yes ⊠ No ☐ Face Value of Each Ticket/Pass \$ 67.00							
	Event Description: Bad Bun		<u>, 23 , 19</u>	1 1				
	Provide Title/ Explanation							
	Ticket(s)/Pass(es) provided	Name of Source						
	Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Ochoa,				Scott			
	of agency official?	et the beneat Test	NO II	,	Official's Name (Last, Fi	rst)		
3.	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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy							
			Passes					
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:			
	Leon, Paul		10	1	nonial Role Othe king "Ceremonial Role" or "Other), (q)		e <u> </u>	
	Valencia, Ruben		8	Ceremonial Role Other Income Section 4, (I), (q)			e [
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made	pursuant to the agency's polic	nt to the agency's policy	
_	Verification							
4.	I have read and understand FP with the requirements	PC Regulations 18944	.1 and 18942.	I have verified	that the distribution se	et forth above, is in accorda	nce	
	Scott Ochoa				City Manager	12/17/19		
	Signature of Agency Head or Design	ee Pi	rint Name		Title	(month, day, yea	ir)	

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



gency Name of Ontario							
Recipients							
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:					
Bowman, Jim	6	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Section 4, (q)					
Flores, Steven	4	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Section 4, (f), (h)					
Farooqi, Naseem	4	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Section 4, (h)					
		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					