	gency Report of. eremonial Role Even	ts and Ticket/P	ass Distr	ibutions		A Public	Document		
_	Agency Name				Cate Stamp	Calif	ornia 802		
	City of Ontario			Catal Gan					
	Division, Department, or Region (if applicable)				anetan landad anetan anetan anetan anetan anetan anetan anetan	For	Official Use Only		
	Designated Agency Contact (Name, Title)								
	Scott Ochoa, City Manager						D (a)		
	Area Code/Phone Number	E-mail			. Amendment (N	fust Provide Expla	nation in Part 3.)		
	909-395-2000	sochoa@ontarioca	ı.gov		Date of Original Fil	ing:(month,	day, year)		
2.	Function or Event Infor	mation							
	Does the agency have a tick	ret policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass	\$ <u>67.00</u>			
	Event Description: Trans-Sil	berian Orchestra 3:3) p.m. Date(s)						
	Ticket(s)/Pass(es) provided		nation ⊠ No □ I						
				Clohoo Scott					
	100 110 110				Official's Name (Last, I	First)			
	of agency official?								
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						identify an outsi	de organization.		
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made	e pursuant to th	e agency's policy		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	of Ticket(s)/ Identify one of the following:					
	Leon, Paul		8	If check	Ceremonial Role Other Income Income for the checking "Ceremonial Role" or "Other" describe below: Section 4, (I), (q)				
	Valencia, Ruben	6	1	nonial Role Other Income in					
	C. Name of Outside O	•	Number of Ticket(s)/ Passes	Describe th	e public purpose made	e pursuant to the	e agency's policy		
						13 25000			
<u> </u>	Verification /								
	I have read and understand FP with the requirements.	PC Regulations 18944	I.1 and 18942.	I have verified t	that the distribution s	set forth above), is in accordance		
	- P. 1 / / /		ott Ochoa		City Manager 12/1		12/17/19		
	Signature of Agency Head or Design	rint Name	9 8	Title		(month, day, year)			
	Comment: All tickets provid	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		Δ.					
r of Ontario 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)/ 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:					
Dorst-Porada, Debra	6	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Section 4, (I), (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					
Ω							