C	gency Report of: Ceremonial Role Events and Ticket/Pass Distributions				병원 보호 A Public Document	
	Agency Name City of Ontario Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title)				ບາ Date Stamp	California 802
					ROS CITE Stamp	Form For Official Use Only
						For Official Use Offig
					중호	
	Scott Ochoa, City Manager					t Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Americaniene (mas	t i rovide Explanation III Part 5.)
	909-395-2000	sochoa@ontarioca	.gov		Date of Original Filing	(month, day, year)
	Function or Event Information					
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ 67.00					
	Event Description: Ontario Fury vs. Tacoma Stars Provide Title/ Explanation Date(s) 12 / 2				, 20 , 19	
	Ticket(s)/Pass(es) provided			f no:		
	Oshoo				Name of Source	
	Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Ochoa,				Official's Name (Last, Firs	<i>t)</i>
	of agency official?					
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	dentify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy		
	B. Name of Indi		Number of Ticket(s)/		Identify one of the	e following:
		31)	Passes	Carom	onial Role Other	☐ Income ☐
	Valencia, Ruben		6	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Section 4, (l), (q)		
				1	onial Role Other	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's policy	
l.	Verification I have read and understand FP	PC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set	forth above, is in accordance
	with the requirements.					
	with the requirements.	Sco	tt Ochoa		City Manager	01/17/20