|    | gency Report of:<br>eremonial Role Even  | ts and Ticket/F                  | Pass Distri                       | ibutions   | E S  | Public Document                |  |
|----|--|----------------------------------|-----------------------------------|--|--|--------------------------------|--|
|    | Agency Name  |                                  |                                   | Bate Stamp   | California 802   |                                |  |
|    | City of Ontario  |                                  |                                   |  | Control Contro | Form <b>OU</b>                 |  |
|    | Division, Department, or Reg   |                                  |                                   |  | For Official Use Only  |                                |  |
|    |  |                                  |                                   |  |  |                                |  |
|    | Designated Agency Contact (Name, Title)  |                                  |                                   |  | 002  |                                |  |
|    | Scott Ochoa, City Manager  |                                  |                                   |  | Amondment (Must Pe   | rouido Evaloration in Bort 2 1 |  |
|    | Area Code/Phone Number   | E-mail                           |                                   |  | Amendment (Must Provide Explanation in Part 3.)  |                                |  |
|    | 909-395-2000   | sochoa@ontarioca                 | a.gov                             |  | Date of Original Filing: _   | (month, day, year)             |  |
| 2. | Function or Event Infor  |                                  |                                   | 0.7  | .00  |                                |  |
|    | Does the agency have a ticket policy? Yes $\boxtimes$ No $\square$ Face Value of Each Ticket/Pass \$ $\frac{67.00}{\square}$                                 |                                  |                                   |  |  | .00                            |  |
|    | Event Description: Ontario F   | adrunners [                      | Date(s)01                         | <u>, 18 , 20</u>   |  |                                |  |
|    | Provide Title/ Explanation  Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no:   |                                  |                                   |  |  |                                |  |
|    | ricket(s)/Fass(es) provided  |                                  | Name of Source                    |  |  |                                |  |
|    | Was ticket distribution made at the behest Yes ☒ N   |                                  |                                   | f yes: Ochoa,  | Scott Official's Name (Last, First)  |                                |  |
|    | of agency official?  |                                  |                                   |  | Omciai s Name (Last, First)  |                                |  |
| 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. |                                  |                                   |  |  |                                |  |
|    | A. Name of Agency, Department or Unit  |                                  | Number<br>of Ticket(s)/<br>Passes | Describe the public purpose made pursuant to the agency's policy |  |                                |  |
|    |  |                                  |                                   |  |  |                                |  |
|    | Table 1  | Name of Individual (Last, First) |                                   | Identify one of the following:                                   |  |                                |  |
|    | Dorst-Porada, Debra  |                                  | 3                                 | Ceremonial Role  Other  Income  Income  Section 4, (I), (q)      |  |                                |  |
|    | Valencia, Ruben  |                                  | 6                                 | Ceremonial Role Other Income Income Section 4, (I), (q)          |  |                                |  |
|    | C. Name of Outside Organization (include address and description)  |                                  | Number<br>of Ticket(s)/<br>Passes | Describe the   | e the public purpose made pursuant to the agency's policy  |                                |  |
|    | S <del> </del>   |                                  |                                   |  |  |                                |  |
| _  | Verification   |                                  |                                   |  |  |                                |  |
| r. | I have read and understand FP. with the requirements.  | PC Regulations 18944             | 1.1 and 18942.                    | l have verified t  | hat the distribution set for   | rth above, is in accordance    |  |
| <  | 72H 1/_  | 900                              | ott Ochoa                         |  | City Manager   | 02/18/20                       |  |
|    | Signature of Agency Head or Design   |                                  | rint Name                         |  | Title  | (month, day, year)             |  |
|    |  |                                  |                                   |  |  |                                |  |

Comment: All tickets provided pursuant to Sections 3.5.1 & 3.5.2 of the Comm. Events Center Operating Agrmnt; 7/1/16