	gency Report of: eremonial Role Even	ts and Ticke	et/Pass Distri	butions		A Public Document
Ι.	Agency Name				ate Stamp	California 802
	City of Ontario				Date Stamp	TOTAL COL
	Division, Department, or Region (if applicable)				er in before	For Official Use Only
					port Carl	
	Designated Agency Contact (Name, Title)				Samuel Carlle	
	Scott Ochoa, City Manager				Amendment (Mus	st Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			]	
	909-395-2000	sochoa@ontar	ioca.gov		Date of Original Filin	g:(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy?	Yes⊠ No 🔲 F	ace Value of	Each Ticket/Pass \$	67.00
	Event Description: Fabulous	sly Funny Come	dy Festival		, 31 , 20	
	Ticket(s)/Pass(es) provided		•	no:	Name of Source	
				Ochoa	Name of Source	
	Was ticket distribution made at the behest Yes ⊠ N			yes: Ochoa,	Official's Name (Last, Fir	st)
	of agency official?					
3.	Recipients					
	• Use Section A to identify the agen	cy's department or un	nit. • Use Section B to i	dentify an individ	ual. • Use Section C to id	entify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	pursuant to the agency's policy
	; <del></del>					
	R Name of Indi	nidual	Number		13-45	
	B. Name of Indi (Last, First		of Ticket(s)/ Passes		Identify one of th	e following:
	Bowman, Jim		6	1	onial Role  Other ing "Ceremonial Role" or "Other"  )	
	Valencia, Ruben		6		nonial Role  Other ting "Ceremonial Role" or "Other , (q)	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made p	oursuant to the agency's policy
			-			
	Verification	1				
	I have read and understand FP with the requirements.	PO Regulations 18	8944.1 and 18942.	l have verified t	hat the distribution se	t forth above, is in accordance
-			Scott Ochoa		City Manager	02/26/20
	Signature of Agency Head or Design	iee	Print Name	_	City Manager Title	(month, day, year)
	Comment: All tickets provide		ections 2 5 1 9 2	5.2 of the Co	mm Evente Centor	
	Comment: All tickets provide	eu puisualit to S		.5.2 01 1116 001	IIIII. LVEIKS CERKEI	——————————————————————————————————————

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



of Ontario						
ecipients se 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 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:				
Williams, Derek	4	Ceremonial Role Other Income Income Income Income Income Section 4, (o), (p)				
Escalante, Nicole	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:  Section 4, (o), (p)				
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
		Ceremonial Role Other Income 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				
	a a					