	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	ibutions	Inches Services	A Public Document	
n-	Agency Name				Lat 2 1 - 12	California 000	
	City of Ontario				Edite Stamp	Form OUZ	
	Division, Department, or Region (if applicable)					For Official Use Only	
	Designated Agency Contact (Name, Title)						
	Scott Ochoa, City Manager						
	Area Code/Phone Number		Amendment (Must Provide Explanation in Part		Provide Explanation in Part 3.)		
	909-395-2000 sochoa@ontario		a.gov		Date of Original Filing:(month, day, year)		
2.	Function or Event Information						
	Does the agency have a ticket policy? Yes $\boxtimes$ No $\square$ Face Value of Each Ticket/Pass \$ $\frac{67.00}{\square}$						
	Event Description: Ontario Fury vs. Mesquite Outlaws  Provide Title/ Explanation  Date(s) 02				<u>, 07 , 20</u>		
	Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:				Name of Source		
	Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Ochoa,						
	of agency official?				Official's Name (Last, First	9	
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 of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Indi	Number of Ticket(s)/ Passes		Identify one of the following:			
	Valencia, Ruben		6	if check	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:  Section 4, (I), (q)		
	1.			1	nonial Role Other of the Control of		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e the public purpose made pursuant to the agency's policy		
	Verification	IDC Domilations 40044	4 449042	l hava varificat	the at the anti-atribution and	South of any in its and	
	I have read and understand FP with the requirements.	ro Regulations 18944	. i anu 16942. i	nave venned t	nat the distribution \$6t	тогит ароуе, is in accordance	
1			t Ochoa		City Manager	03/06/20	
-	Signature of Agency Head or Design	int Name		Title	(month, day, year)		