## **Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form City of Ontario For Official Use Only Division, Department, or Region (if applicable) CITY CLERK'S ( RGVD MAR27'20px1:34 Designated Agency Contact (Name, Title) Scott Ochoa, City Manager Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** E-mail **Date of Original Filing:** 909-395-2000 sochoa@ontarioca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 67.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Miranda Lambert Wildcard Tour 02 Date(s) \_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: \_ Name of Source If yes: Ochoa, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, 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 outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes

Dorst-Porada, Debra	6	Ceremonial Role Other Income Section 4, (I), (q)
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
Verification	11 110010	I have verified that the distribution set forth above, is in accordance

6

Leon, Paul

with the requirements

Agency Head or Designee

Ceremonial Role

Section 4, (I), (q)

Other  $\square$ 

If checking "Ceremonial Role" or "Other" describe below:

City Manager

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

Scott Ochoa

Print Name

03/25/20

(month, day, year)

Income

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



Agency Name					
of On	pients				
• Use Se	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.				
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy		
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			8		
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:		
Wapr	ner, Alan	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:  Section 4, (I), (q)		
Bown	Bowman, Jim		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:  Section 4, (q)		
Valencia, Ruben		6	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:  Section 4, (I), (q)		
Ochoa, Scott		6	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:  Section 4, (I), (q)		
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		
de					
	145				