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

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1.	. Agency Name				Date Stamp	California 802	
	City of Ontario					Form OUZ For Official Use Only	
	Division, Department, or Reg	ion (if applicable)				CITY OF EDMC OF	
	Designated Agency Contact	(Name,Title)				ROUD OCTION	
	Scott Ochoa, City Manager				Amandment (Mark 5	rovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amendment (Must P	rovide Explanation in Part 3.)	
	909-395-2000	sochoa@ontarioca	.gov		Date of Original Filing:	(month, day, year)	
<u>-</u> 2.	Function or Event Infor	mation					
	Does the agency have a ticl	ket policy? Yes	■ No□ F	ace Value of I	Each Ticket/Pass \$	67.00	
	Event Description: RNB Re			Date(s)	, 05 , 21		
	Event Description.	Provide Title/ Expla	nation	zaic(s)			
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 🛚 I	f no:	Name of Source		
	Mos tisket distribution made	ot the beheat	16	Ochoa,	Scott		
	Was ticket distribution made of agency official?	e at the benest Yes	■ No 🔲 "	yes	Name of Source Scott  Official's Name (Last, First)		
	or agency official:						
3.	Recipients						
	Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	dentify an individu	al. Use Section C to identify	y an outside organization.	
	A. Name of Agency, Depa	ertment or Unit	Number of Ticket(s)/ Describe to		he public purpose made pursuant to the agency's policy		
			Passes	7 - ( · )			
	B. Name of Indi		Number of Ticket(s)/ Passes	present	Identify one of the fo	ollowing:	
	(=444, 1 114		Passes	Caram	onial Role  Other	Income	
	Leon, Paul		8	1	ing "Ceremonial Role" or "Other" des	_	
				Section 4, (f	;), (n)		
				Ceremo	onial Role  Other	Income	
	Valencia, Ruben		8	If checki	ing "Ceremonial Role" or "Other" desc	cribe below:	
				Section 4, (r	n)		
	Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy	
	0					,	
٠. ١	Verification /						
i	have read and understand FPI	PC Regulations 18944.	1 and 18942. I	have verified th	at the distribution set for	th above, is in accordance	
١	with the requirements.						
	1110	Scott Ochoa		City M	lanager	10/19/21	
	Signature of Agency Head or Designe	ee Pri	int 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=

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



Recipients		
• Use Section A to identify the agency's department or unit	. •Use Section B to i	dentify 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:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Ochoa, Scott	9	Section 4, (n), (o)
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
Sanchez, Darlene	6	Section 4, (n), (o)
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role
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

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