

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

A Public Document

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|---|--------------------------------|--|--|
| 1. Agency Name City of Ontario Division, Department, or Region (if applicable) | | Date Stamp | California Form 802 For Official Use Only CITY CLERK'S OFFICE RCVD OCT19'21 PM4:45 |
| Designated Agency Contact (Name, Title) Scott Ochoa, City Manager | | | |
| Area Code/Phone Number 909-395-2000 | E-mail sochoa@ontarioca.gov | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) | |
| | | Date of Original Filing: _____ (month, day, year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 67.00

Event Description: Hot Wheels Monster Trucks Live 12:30p.m. Date(s) 09 / 18 / 21

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Ochoa, Scott
Official's Name (Last, First)

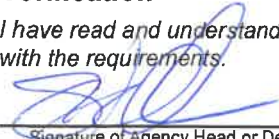
3. Recipients

• 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 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: |
| Dorst-Porada, Debra | 6 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Section 4, (f), (n) |
| Elkadi, Atif | 6 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Section 4, (a), (l) |
| 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 |
| | | |
| | | |

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 _____ Scott Ochoa _____ City Manager _____ 10/19/21 _____
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Print **Clear**