	gency Report of: eremonial Role Ever	nts and Ticket/F	Pass Distr	ibutions	resident distances of the second seco	A Public Document	
	Agency Name City of Ontario				Date Stamp	California Form 802	
	Division, Department, or Region (if applicable)				Andread Section 1	For Official Use Only	
	Designated Agency Contact (Name, Title)				provided the state of the state		
	Scott Ochoa, City Manager Area Code/Phone Number E-mail				Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number 909-395-2000	a.gov		Date of Original Filin	g:(month, day, year)		
2.	Function or Event Infor	mation					
	Does the agency have a ticket policy? Yes ■ No □ Face Value of Ea				Each Ticket/Pass \$	67.00	
	Event Description: Farruko - LA 167 Tour Provide Title/ Explanation Date(s) 11						
	Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:						
	Was ticket distribution made at the behest Yes ■ No □ If yes. Ochoa,				Name of Source Scott		
	of agency official?	e at the benest Yes	■ No □ □	yes	Official's Name (Last, Firs	rt)	
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 Indi	ividual	Number of Ticket(s)/		Identify one of the	a following:	
	(Last, Fir	st)	Passes		identity one of the	, rollowing.	
	Valencia, Ruben		7	Ceremonial Role Other Income Income Income Income Section 4, (f), (n)			
	Ochoa, Scott		7	Ceremonial Role Other Income Income Section 4, (f), (n)			
	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 I have read and understand FP	PC Regulations 18944	.1 and 18942. I	have verified to	hat the distribution set	forth above, is in accordance	
1	with the requirements.	Scott Ochoa			Manager	12/16/21	
	Signature of Agency Head or Designature	ee Pr	rint 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

3.



	dentify an individual. Use Section C to identify an outside organization.
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Number of Ticket(s)/ Passes	Identify one of the following:
	Ceremonial Role Other Income
7	Section 4, (n)
	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
4	Section 4, (f), (n)
	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:
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 7 4

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