Agency Report of

1.	Agency Name			Date Stamp	California OOO		
	City of Ontario			Date Stamp	Form 802		
	Division, Department, or Region (if applicable)			+	For Official Use Only		
		, ,				ATTU ALTIMA -	
	Scott Ochoa, City Manager Area Code/Phone Number 909-395-2000 E-mail sochoa@ontarioca.gov				ROVD JAN14'99		
						The same of the sa	
					Amendment (Mus	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: Ontario Reign vs San Diego Date(s) 12						
	Event Description:	Provide Title/ Expla	nation L)ate(s)			
	Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no						
	Ochoo S			Name of Source			
				Official's Name (Last, Firs	f)		
	of agency official?				1	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 the public purpose made pursuant to the agency's policy			
	B. Name of Indiv	/idual	Number		Identify one of the	following	
	(Last, First)		of Ticket(s)/ Passes		Identify one of the	e ronowing:	
	Wapner, Alan		4	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
	νναρτιοί, Διατί		4	Section 4, (f), (n)			
	, 					_	
					onial Role Other ing "Ceremonial Role" or "Other" of		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	cribe the public purpose made pursuant to the agency's policy		
			. 23363				
	1						
_	Verification ///						
	have read and understand FPF	PC Regulations 18944	.1 and 18942. I	have verified th	hat the distribution set	forth above, is in accordance	
	with the requirements						
		Scott Ochoa		0:4.4	1anager	01/14/22	

Comment: All tickets provided pursuant to Sections 3.5.1 & 3.5.2 of the Comm. Events Center Operating Agrmnt: 7/1/161

Signature of Alercy Head or Designee

Print Name

(month, day, year)

Title