	ency Report of: remonial Role Even	its and Ticket/	Pass Dist	ributions	Δ	Public Do	cument
	eremonial Role Events and Ticket/Pass Distributions Agency Name				Date Stamp	California	
	City of Ontario	Form	802				
	Division, Department, or Region (if applicable)					For Official	Use Only
						ATTIC AL	Finish a
D	Designated Agency Contact (Name, Title)					POINT	LKK'S U OMONYO
S	cott Ochoa, City Manager	Amandment (Must Du	NOVE O	DINAW AA			
Ā	Area Code/Phone Number   E-mail				Amendment (Must Provide Explanation in Part 3.)		
9	09-395-2000	sochoa@ontarioca.gov			Date of Original Filing:(month, day, year)		
2. F	Function or Event Information						
D	oes the agency have a tick	ket policy? Yes	No □	Face Value of	Each Ticket/Pass \$		67.00
E	Event Description: Disney on Ice - Dream 3:00 p.m.  Provide Title/ Explanation			Date(s) 12	, 26 , 21		
Ti	icket(s)/Pass(es) provided	•		If no:	Name of Source		
	tee the last all all all all all all all all all al	ticket distribution made at the behest Yes No If yes: Ochoa					
	vas ticket distribution made of agency official?	e at the benest Yes	■ No□	ir yes:	Official's Name (Last, First)		
	Recipients  Use Section A to identify the agen	cy's department or unit.	• Use Section B to	o identify an individu	al. Use Section C to identify	an outside organiz	zation.
	A. Name of Agency, Department or Unit of 7		Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy		
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the foll	lowing:	
-	Valencia, Ruben		6	If check	onial Role Other Onial Role" or "Other" descri	ibe below:	Income 🔲
			1	Section 4, (1	<i>)</i> , (11)		

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C.

II I I I I I I I I I I I I I I I I I I		I have verified that the distribution set forth above,	
I have read and understand FPPC Regulations	18944.1 and 18942	I have verified that the distribution set forth above	is in accordance
270 10		The volume and the distribution dot form above,	io in accordance

Number

of Ticket(s)/

**Passes** 

with the requirements.

Name of Outside Organization

(include address and description)

Scott Ochoa

City Manager

Ceremonial Role

01/18/22

Income

Gignature 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 Agrmnt: 7/1/163

Other 🔲

Describe the public purpose made pursuant to the agency's policy

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