Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions	A Public Document			
. Agency Name	Date Stamp	California 80	2	
City of Ontario		Form OU	4	
Division, Department, or Region (if applicable)		For Official Use Only		
		STATE WAY		

1. Agency Name					Date Stamp	California 802
	City of Ontario]	7 51111
	Division, Department, or Reg	ion (if applicable)]	For Official Use Only
					GITY OLERK'S	
	Designated Agency Contact (Name, Title)				1	ROUD OCT 142
	Scott Ochoa, City Manager				Amandment (Mark)	Provide Evaluation in Bout 21
	Area Code/Phone Number E-mail			Amendment (Must Provide Explanation in Part 3.)		
	909-395-2000	sochoa@ontarioca	ı.gov		Date of Original Filing:	
_						(month, day, year)
2.	Function or Event Infor					67.00
	Does the agency have a ticl		■ No 🗆 F	Face Value of	Each Ticket/Pass \$ _	67.00
	Event Description: Alejandro Fernandez Date(s) 09 / 10 / 22					
	Provide Title/ Explanation					
	Ticket(s)/Pass(es) provided	by agency? Yes	No	f no:		
	MAZA ASALA A			f yes: Ochoa,	Name of Source Scott	
	Was ticket distribution made	e at the benest Yes	No 🔲 👃	r yes	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
•	Use Section A to identify the agen	cy's department or unit.	Use Section B to i	dentify an individu	ual. Use Section C to identi	v an outside organization.
			Number			y an outside organization.
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
			1 43563			
			Number			
	U .	B. Name of Individual (Last, First)			Identify one of the f	ollowing:
			_		onial Role Other	
	Dorst-Porada, Debra		2	If checking "Ceremonial Role" or "Other" describe below:		
				Section 4, (1	f), (n)	
				Cerem	onial Role Other	Income [
	Valencia, Ruben				ing "Ceremonial Role" or "Other" des	scribe below:
				Section 4, (1	f), (n)	
	C. Name of Outside Or (include address and		Number of Ticket(s)/	Describe the	e public purpose made pur	suant to the agency's policy
			Passes			
_						
ŀ.	Verification /					
	I have read and understand FPI	PC Regulations 18944	.1 and 18942. I	have verified ti	hat the distribution set fo	rth above, is in accordance
	with the requirements.					
	CBILL.	Scott Ochoa		City N	/lanager	10/05/22
	Signature of Agency Head or Designe	e Pi	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



Agency Name

3. Recipients

A. Name of Agency, Department or Unit	Number	dentify an individual. Use Section C to identify an outside organization.
A. Hame of Agency, Department of Ont	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:
Ochoa, Scott	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Section 4, (f), (n)
Sanchez, Darlene	6	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Section 4, (n), (o)
Vallejo, Andrea	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Section 4, (n)
Anderson, Lupe	6	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: 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

Print

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