Agency Report of:

Ceremor	nial Role Events and T	icket/Pass Distributions	

A Public Document

7.	Agency Name				Date Stamp	California OOO	
	City of Ontario					Form 802	
	Division, Department, or Region (if applicable)				For Official Use Only		
	•	,					
	Designated Agency Contact (Name, Title)						
	Scott Ochoa, City Manager				Amendment (Must P	rovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	909-395-2000	sochoa@ontarioca	i.gov		Date of Original Filing:	(month, day, year)	
2	Function or Event Infor	mation					
	67.00						
	Yes No Face value of Each Ticket/Pass \$						
	Event Description: Outdoor Concert Series: John Waite Date(s) 10 / 24 / 22						
	T: 1 // \/D // \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Provide Title/ Expla					
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 📗	f no:	Name of Source		
	Was ticket distribution made	at the behadt as		f yes: Ochoa,	Scott		
	of agency official?	100 110					
	or agency official?						
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.						
	Number				an observation e to identify	an outside organization.	
	A. Name of Agency, Depa	of Ticket(s)/	Describe the	e public purpose made pursuant to the agency's policy			
			Passes				
				ļ			
	B. Name of Indiv		Number of Ticket(s)/		Identify one of the following:		
	(Last, Firs	<i>t)</i>	Passes				
					onial Role 🔲 Other 🔲	Income 🔲	
	Valencia, Ruben		2 If che		king "Ceremonial Role" or "Other" describe below:		
				Section 4, (f)), (n)		
				Ceremo	onial Role Other	Income	
				1	ng "Ceremonial Role" or "Other" desc		
	Name of Outside Organization Number						
	C. (include address and		of Ticket(s)/ Passes	Describe the	public purpose made pursu	uant to the agency's policy	
			7 45000				
		1					
		7		L			
	Verification //						
	have read and understand	C Regulations 18944.	1 and 18942. I	have verified th	at the distribution set for	th above, is in accordance	
1	with the requirements.						
	/ All	Scott Ochoa		City M	lanager	11/10/22	
	Signature of Agency Head or Designe	e Pri	int Name		Title	(month, day, year)	
	All fickate provide	d nureuant to Castle	nn 2 E 4 0 0	E 2 of the Ori	am Events Center On		

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