Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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1.	Agency Name		Date Stamp California						
	City of Ontario			Form OUZ					
	Division, Department, or Reg	jion (if applicable)	1	For Official Use Only					
	Designated Agency Contact	(Name, Title)	1	RO40 DETITIES					
	Scott Ochoa, City Manager		Cl Amondment (44(P					
	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)			
_	Function or Event Infor	motion				(month, day, year)			
۷.						67.00			
	Does the agency have a tick				Each Ticket/Pass \$				
Event Description: English Beat				Date(s) <u>11</u>	03 22				
	Tiplest(a)/Dagg(ag) provided	Provide Title/ Expla		•					
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 I	r no:	Name of Source				
	Was ticket distribution made	at the behest ves		f yes: Ochoa,	Scott				
	of agency official?	163	INO L		Official's Name (Last, First)				
3.	Recipients								
	 Use Section A to identify the agen 	cy's department or unit. •	Use Section B to i	identify an individu	al. Use Section C to identif	fy an outside organization.			
	A. Name of Agency, Depa	Number of Ticket(s)/ Describe t Passes		he public purpose made pursuant to the agency's policy					
	·		rasses						
	8								
	D Name of health	Number							
	B. Name of Individual (Last, First)		of Ticket(s)/ Passes	Identify one of the following:					
				Cereme	eremonial Role Other Income Income				
	Valencia, Ruben		5	I	ecking "Ceremonial Role" or "Other" describe below:				
			-	Section 4, (f), (n)					
			_	Ceremo	onial Role Other	Income			
			1	If checking "Ceremonial Role" or "Other" describe below:					
				-					
	Name of Outside Or	rganization	Number						
	C. (include address and		of Ticket(s)/ Passes	Describe the	public purpose made purs	suant to the agency's policy			
									
	Verification								
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above,									
	with the requirements.	o Neguladons 10944.	. i aliu 10942. I	nave vermed tr	เลเ แเษ นเรเมมนแบท Sel TO	rui above, is iri accordance			
Scott Ochoa				City M	1anager	12/09/22			
9	Signature of Agency Head or Designe		int Name	— — — — — — — — — — — — — — — — — — —	Title	(month, day, year)			
	Comment: All tickets provide	ed pursuant to Sectio	ons 3.5.1 & 3.	5.2 of the Con	nm. Events Center Op	perating Agrmnt; 7/1/16			

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FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)