	Agency Name				Date Stamp	California OOO	
	City of Ontario					Form 802	
	Division, Department, or Region (if applicable)				1	For Official Use Only	
	Designated Agency Centest	(Alama Title)					
	Designated Agency Contact	•		TCVD JAN19'28			
	Scott Ochoa, City Manager		Amendment (Must Provide Explanation in Part 3.)				
	Area Code/Phone Number E-mail sochoa@ontarioca.gov				B.4. (0.1.15)		
	909-395-2000	sochoa@ontarioca	.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticket policy? Yes ■ No □			Face Value of	Each Ticket/Pass \$	67.00	
					, 04 , 22		
	Event Description:	Provide Title/ Expla					
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 I	lf no:	Name of Source		
	Ochos			Ochoa	Name of Source		
	100 🗖 110 🗖			f yes: Ochoa,	Official's Name (Last, First)		
	of agency official?				(,		
	A. Name of Agency, Depa	irtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
	B. Name of Individual (Last, First)						
	- .		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
	(Last, Fire		of Ticket(s)/ Passes		Identify one of the fo	Income	
	- .		of Ticket(s)/		onial Role Other Other ing "Ceremonial Role" or "Other" desc	Income	
	Dorst-Porada, Debra		of Ticket(s)/ Passes	Section 4, (1	onial Role Other on "Other" description, (n)	Income In	
	(Last, Fire		of Ticket(s)/ Passes	Section 4, (1	onial Role Other on "Other" description of the control of the co	Income In	
	Dorst-Porada, Debra	rganization	of Ticket(s)/ Passes	Section 4, (1 Cerem If check Section 4, (1	onial Role Other on "Other" description of the control of the co	Income In	

I have read and understand FPPC Re	egulations 18944.1 and 18942. I	have verified that the distribution	set forth above, is in accordance
with the requirements.			

Scott Ochoa

City Manager

01/12/23

Signature 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; 7/1/16

Print

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



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 Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:					
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
Dorey, Julie	1	Section 4, (n)					
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
Nixon, Leslie	1	Section 4, (n)					
		Ceremonial Role Other Income					
Vanven, Shirley	1	Section 4, (n)					
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
Locke, Marsha	1	Section 4, (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					

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