1.	Agency Name				Date Stamp	California OOG	
	City of Ontario				Form OUZ		
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	Designated Agency Contact (Name, Title)						
	Scott Ochoa, City Manager		Amendment (Must Pro	vide Explanation in Part 3.)			
	Area Code/Phone Number E-mail						
	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 or				Each Ticket/Pass \$	67.00	
					, 17 , 22		
	Event Description.	Provide Title/ Explai	nation	Jate(s)			
	Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:						
					Name of Source		
	Was ticket distribution made at the behest Yes ■ No □ If yes: Ochoo			f yes:	Official's Name (Last, First)		
	of agency official?				omoral of vario (Edds, 1 haly		
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit.		Use Section B to i Number of Ticket(s)/ Passes		al. Use Section C to identify a		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	Identify one of the following:			
	Bell, Dan Bowman, Megan		5	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Section 4, (n), (o)			
				Ceremonial Role Other Inc If checking "Ceremonial Role" or "Other" describe below: Section 4, (f), (n)		Income D	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	-	public purpose made pursu	ant to the agency's policy	

4.		tion

I have read and understand FPPC Regulations 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