1.	Agency Name			Date Stamp	Public Do		
	City of Ontario				·	Form	802
	Division, Department, or Region (if applicable)					For Officia	
	Designated Agency Contact (Name, Title)						nmio Zen
	Scott Ochoa, City Manager				Amendment (Must P	rovide 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 Information						
	Does the agency have a ticket policy? Yes ■ No ☐ Face Value o				Each Ticket/Pass \$		67.00
					, 23 , 22	,	
	Provide Title/ Explanation						/
	Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:						
	Was ticket distribution made at the behest Yes ■ No □ If yes: Ochoa,				Name of Source Scott		
	Was ticket distribution made at the behest Yes ■ No ☐ If yes: Ochoa, of agency official?				Official's Name (Last, First)		
	or agonoy omolar:						
	Use Section A to identify the agency's department or unit.      Name of Agency, Department or Unit		Number		he 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:		
	Brawley, Kevin		6	1	monial Role Other Income cking "Ceremonial Role" or "Other" describe below:  (f), (n)		
				1	onial Role Other ing "Ceremonial Role" or "Other" desc	cribe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	the public purpose made pursuant to the agency's policy		ey's policy

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