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

AP	ub	lic	Do	CU	me	ní

1.	Agency Name		Date Stamp California O O O						
	City of Ontario			Form OUZ					
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only			
				ROVD JANZOYZAW					
	Designated Agency Contact	(Name, Title)	1						
	Scott Ochoa, City Manager								
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing:				
	909-395-2000	sochoa@ontarioca	a.gov						
_		l				(month, day, year)			
2.	Function or Event Infor	mation							
	Does the agency have a tick	ket policy? Yes	ace Value of	Each Ticket/Pass \$ _	67.00				
	Event Description: Disney of		Date(s) 12 / 24 / 22						
	LVCIR Description.	Provide Title/ Expl	/ <u></u> /						
	Ticket(s)/Pass(es) provided	Name of Source							
		*	Name of Source						
	Was ticket distribution made	at the behest Yes	No 🗆 📑	f yes: Ochoa,	Official's Name (Last, First)	-			
	of agency official?				(,				
 3.	Recipients								
<i>,</i>	• 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.								
		ey sucparament of and	di. Ose Section C to Ident	iry ari outside organization.					
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe the	ne public purpose made pursuant to the agency's policy				
			Passes	-					
			1						
			-						
	Number								
	B. Name of Individual (Last, First)		of Ticket(s)/		Identify one of the following:				
	- \(\frac{1}{2}\)		Passes						
	Schneider, Karen		8	all and a second	onial Role  Other  Other  Other  Other  Other				
Schneider, Karen		Section 4							
					<u> </u>				
					onial Role Other on the onial Role Other on the or				
				n oncorn	ing Ceremonia Noie of Other de	scribe below.			
	C. Name of Outside Or (include address and		Number of Ticket(s)/	Describe the	public purpose made pur	suant to the agency's policy			
	(morado addicos dila	accomption,	Passes						
	· <del></del>								
			li i						
_									
	Verification								
	I have read and understand FPF	PC Regulations 18944	hat the distribution set fo	orth above, is in accordance					
1	with the requirements.								
Scott Ochoa				City M	lanager 01/17/23				
	Signature of Agency Head or Designee Print Name				Title	(month, day, year)			
	Comment: All tickets provide	ed pursuant to Secti	ons 3.5,1 & 3.	5.2 of the Con	nm. Events Center O	perating Agrmnt: 7/1/16			
	Commone .					1			