١.	Agency Name		Pass Distr		Date Stamp	Public Document California
	City of Ontario					Form 802
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Designated Agency Contact	(Name,Title)				
	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 Infor	mation				
	Does the agency have a tick	ket policy? Yes	■ No □ 「	Face Value of	Each Ticket/Pass \$	67.00
	Event Description: Disney of		_	Date(s)12/	, 25 , 22	1
	Event begonption.	Provide Title/ Expla	nation	Jale(5)		
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 📙	f no:		
	Was ticket distribution made	at the beheat	=1 — I	f yes: Ochoa,	Name of Source Scott	
	of agency official?	at the benest Yes	■ No L '	1 yes	Official's Name (Last, First)	
3.	• Use Section A to identify the agency's department or unit. • Name of Agency, Department or Unit		Use Section B to i		e public purpose made purs	
	A		Passes	Describe the	e public pui pose made puis	
	B. Name of Indi (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Bernal, Ruben		6	If checki	onial Role Other Officer Offic	Income
				Section 4, (a	a), (n)	
				1	onial Role Other on "Other" descriptions of "Other" descriptions of "Other" descriptions of the control of the	Income Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy

4. Verifica	TH	nn

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