1.	Agency Name City of Ontario			Date Stamp	Public Do California	000	
						Form	802
	Division, Department, or Region (if applicable)				1	For Official	Use Only
	Decimated Assess Contact (A)				_	CITY CL	ERKS OF
	Designated Agency Contact (Name, Title)						4W 7.24 (X)40
	Scott Ochoa, City Manager Area Code/Phone Number E-mail				Amendment (Must Pro	ovide Explanation i	n Part 3.)
					Date of Original Filing:(month, day, year)		
	909-395-2000	sochoa@ontarioca.gov					
2.	Function or Event Information						
	Does the agency have a ticket policy? Yes ■ No □ Face Value				Each Ticket/Pass \$		67.00
	Event Description: Kat Williams			Date(s) 12	3022	//	,
	Event Bosonption.	Provide Title/ Explar	nation				
	Ticket(s)/Pass(es) provided by agency? Yes ■			f no:	Name of Source		
	Was ticket distribution made at the behest Yes ■ No □ If yes: Ochoa			f ves. Ochoa,	Scott		
	of agency official?	at the benest Yes	■ No 📙 '	i yes	Official's Name (Last, First)		
_							
3.	Recipients						
	Use Section A to identify the agen	cy's department or unit. • I	Use Section B to i	dentify an individu	ual. Use Section C to identify	an outside organi	zation.
	A. Name of Agency, Depa	Number of Ticket(s)/	Describe th	Describe the public purpose made pursuant to the agency's policy			
			Passes				
		Number					
	B. Name of Individual (Last, First)		of Ticket(s)/ Passes		Identify one of the fol	lowing:	
				Cerem	onial Role Other		Income
	Valencia, Ruben	6	If check	ing "Ceremonial Role" or "Other" descr	ribe below:		
				Section 4, (1	f), (n)		
				Cerem	onial Role Other		Income
	Romero, Brian	2	If check	ing "Ceremonial Role" or "Other" descr	ibe below:		
				Section 4, (n), (o)		
	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		
	:						
		i i					

4. Verification

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 (month, day, year)

Signature of Agency Head or Designee

Print Name

Title

Comment: All tickets provided pursuant to Sections 3.5.1 & 3.5.2 of the Comm. Events Center Operating Agrmnt; 7/1/16

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



Agency Name 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. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Π Income ___ If checking "Ceremonial Role" or "Other" describe below: Almiron, Tricia 2 Section 4, (n), (o) Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Bobadilla, Rene 4 Section 4, (n) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

Print

Clear