## **Agency Report of:**

C	eremonial Role Even	ts and Ticket/F	Pass Distr	ibutions	A	<b>Public Document</b>	
1.	Agency Name				Date Stamp	California 802	
	City of Ontario				Tollin O'C		
	Division, Department, or Region (if applicable)				]	For Official Use Only	
	Designated Agency Contact (Name, Title)					W CITY CLERK'S OF W RCVD FEB14735	
	Scott Ochoa, City Manager  Area Code/Phone Number   E-mail				Amendment (Must P	rovide Explanation in Part 3.)	
	Area Code/Phone Number						
	909-395-2000	sochoa@ontarioca	.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				07.00	
	Does the agency have a ticket policy? Yes ■ N			ace Value of	Each Ticket/Pass \$	67.00	
	Event Description: Sesame Street Live! 2:00 p.m.  Provide Title/ Explanation  Date(s) 01				07 , 23		
	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 of agency official?	■ No □ □	r yes:	Official's Name (Last, First)			
3.	Recipients						
	Use Section A to identify the agen	ncy's department or unit. •	ν	dentify an individu	ıal. Use Section C to identif	y an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
	Sanchez, Raymie Sr.		1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:  Section 4, (n)			
	Sanchez, Raymie Jr.		1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:  Section 4, (n)			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy	
	Verification I have read and understand FP	PC Regulations 18944	.1 and 18942.	I have verified to	hat the distribution set fo	rth above, is in accordance	
	with the requirements.	_					
	Speciature of Agency blood or Decision	Scott Ochoa	int Nama	City N	Manager	02/09/23	
	Signature of Agency Head or Design	ee Pi	rint Name		Title	(month, day, year)	

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Print

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



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.							
• use Section A to identify the agency's department or unit	Number	dentify an individual. Use Section C to identify an outside organization.					
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the 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:					
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
Sanchez, Candice	1	Section 4, (n)					
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
Sanchez, Dominic	1	Section 4, (n)					
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
Sanchez, Dominique	1	Section 4, (n)					
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
Kreimann, Sydney	1	Section 4, (n)					
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					

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