1.	A manage Name			ributions	T	The state of the s
	Agency Name				Date Stamp	California 802
	City of Ontario Division, Department, or Region (if applicable)			-	For Official Use Only	
	Division, Department, or Region (# applicable)					
	Designated Agency Contact (Name, Title)			-		
	Scott Ochoa, City Manager					
	Area Code/Phone Number E-mail				Date of Original Filing:	
	909-395-2000	sochoa@ontarioca.gov				
2.	Function or Event Information					
	Does the agency have a ticket policy? Yes ■ No □ Face Value of I				Each Ticket/Pass \$ _	67.00
	Event Description: Ontario Reign vs. Calgary Date(s) 01				, 29 , 23	
	Event Description.	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:			Name of Source		
	Was ticket distribution made at the behest Yes ■ No □ If yes: Ochoa,			Scott		
	of agency official?	at the beliest Yes	■ No Ll '	1 you	Official's Name (Last, First)	
_						
3.	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 ager		identify an individual. Use Section C to identify an outside organization.			
	A. Name of Agency, Department or Unit		Number of Ticket(s)/	Describe th	Describe the public purpose made pursuant to the agency's policy	
			Passes			
	D Name of Indi	Number				
	B. Name of Individual (Last, First)		of Ticket(s)/ Passes		identify one of the f	ollowing:
	<u>-</u>				nonial Role Other	_
	Wapner, Alan		10		ring "Ceremonial Role" or "Other" de	scribe below:
	8 			Section 4, (f), (n)	
	laanar ludu			Cerem	nonial Role Other Other	
	Jasper, Judy		1	Cerem If check	ing "Ceremonial Role" or "Other" de	
	-			Cerem	ing "Ceremonial Role" or "Other" de	
	Jasper, Judy Name of Outside Or (include address and	rganization description)	Number of Ticket(s)/	Cerem If check Section 4, (n)	
	Name of Outside O	rganization description)	Number	Cerem If check Section 4, (n)	scribe below:
	Name of Outside O	rganization description)	Number of Ticket(s)/	Cerem If check Section 4, (n)	scribe below:
	Name of Outside O	rganization description)	Number of Ticket(s)/	Cerem If check Section 4, (n)	scribe below:
	Name of Outside O	rganization description)	Number of Ticket(s)/	Cerem If check Section 4, (n)	scribe below:
1.	Name of Outside O	rganization description)	Number of Ticket(s)/	Cerem If check Section 4, (n)	scribe below:
	C. Name of Outside O (include address and	description)	Number of Ticket(s)/ Passes	Cerem If check Section 4, (Describe the	ing "Ceremonial Role" or "Other" de n) e public purpose made pur	scribe below:
	C. Name of Outside O (include address and	description) PC Regulations 18944.	Number of Ticket(s)/ Passes	Cerem If check Section 4, (Describe the	ing "Ceremonial Role" or "Other" denn) e public purpose made purpose	suant to the agency's policy orth above, is in accordance
	Verification I have read and understand FP with the requirements.	PC Regulations 18944. Scott Ochoa	Number of Ticket(s)/ Passes	Cerem If check Section 4, (Describe the	ing "Ceremonial Role" or "Other" den n) e public purpose made pure hat the distribution set for	suant to the agency's policy orth above, is in accordance 02/09/23
	C. Name of Outside O (include address and	PC Regulations 18944. Scott Ochoa	Number of Ticket(s)/ Passes 1 and 18942.	Cerem If check Section 4, (Describe the I have verified to City N	ing "Ceremonial Role" or "Other" de n) e public purpose made pur hat the distribution set for Manager Title	suant to the agency's policy orth above, is in accordance 02/09/23 (month, day, year)

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

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



Recipients							
 Use Section A to identify the agency's department or un 	it. • Use Section B to i	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					
	Number						
B. Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:					
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
Nixon, Leslie	1	Section 4, (n)					
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
Dorey, Julie	1	Section 4, (n)					
		Ceremonial Role Other Income					
Nixon, Greg	1	Section 4, (n)					
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:					
Vanderveen, Shirley	1	Section 4, (n)					
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					

Print

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