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

I. Agency Name			Date Stamp	California 802	
City of Ontario Division, Department, or Region (if applicable)				Form OUZ	
				For Official Use Only	
				ATTI AL TRICK	
Designated Agency Contact (Name, Title) Scott Ochoa, City Manager				CITY CLERK'S OFF RCVD MAR17'23AH1	
			Amendment (Must Pi	rovide Explanation in Part 3.)	
Area Code/Phone Number E-mail			Tantonaniane (Maci / Tovide Explanation III Tanton)		
909-395-2000 sochoa@ontarioca.gov			Date of Original Filing: (month, day, year)		
2. Function or Event Information					
Does the agency have a ticket policy? Yes	s No 🔲 🛭 F	ace Value of	Each Ticket/Pass \$	67.00	
Event Description: Ontario Reign vs. Coachella	a r	Date(s)	, 17 , 23	1 1	
Provide Title/ Exp	planation	3410(0)			
Ticket(s)/Pass(es) provided by agency? Yes	s 🔳 No 🔲 🛘 I	f no:	Name of Source		
Was ticket distribution made at the behest Yes		f yes: Ochoa,	Scott		
of agency official?	S No L	. you	Official's Name (Last, First)		
				12	
3. Recipients					
• Use Section A to identify the agency's department or unit.	• Use Section B to i	dentify an individu	al. Use Section C to identify	an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the	e public purpose made pursuant to the agency's policy		
	Passes	Decorate the public purpose made paradam to the agency o policy			
	Number	ļ			
B. Name of Individual o			Identify one of the following:		
(Last, First)	Passes				
Dewberry, Vincent	1		onial Role DOTher Ding "Ceremonial Role" or "Other" desi	Income Income	
Dewberry, vincent	'	Section 4, (r			
			<u> </u>		
Mraule, Kathleen	1	1	onial Role Other Other ing "Ceremonial Role" or "Other" desi		
Wildele, Ratinoon	'	Section 4, (
	Number		,		
Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy	
	1 43363				
	1				
. Verification	4				
I have read and understand FPPC Regulations 1894	14.1 and 18942.	I have verified to	hat the distribution set for	rth ahove, is in accordance	
with the requirements	100 1211		and and another out for		
Scott Ochoa			Manager	03/14/23	
Signature of Agency Head or Designee Print Name			Title	(month, day, year)	
All Historia was did al assessment to O	N05480	E 0 -44 - 0	Frank 0 1 0	* * * *	
Comment: All tickets provided pursuant to Sec	tions 3.5.7 & 3	.5.2 of the Cor	mm. Events Center Op	perating Agrmnt; //1/16	

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

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