Agency Report of:

C	eremonial Role Events and Ticket/Pass Distributions				A Public Document	
1.	Agency Name				Date Stamp	California 802
	City of Ontario					
	Division, Department, or Region (if applicable)					For Official Use Only
	esignated Agency Contact (Name, Title)					RCVD MAR17'29A
	Scott Ochoa, City Manager Area Code/Phone Number E-mail			Amendment (Must Provide Explanation in Part 3.)		
	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 ■ No □ Face Value of				Each Ticket/Pass \$	67.00
	Event Description: Ontario Reign vs. San Jose Date(s)			, 24 , 23	JJ	
	Tiplication/Dona (on) provided	Provide Title/ Expla		F		
	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?				Official's Name (Last, First)	
3.	Recipients					
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individua				al. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	Number 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:	
	Valencia, Ruben		2		onial Role Other ing "Ceremonial Role" or "Other" descri	Income
	valoriola, rabori		_	Section 4, (f	i), (n)	
	Saucedo, Manny		4		onial Role Other Other ing "Ceremonial Role" or "Other" descr	Income I
	Cadocad, Mailiny		7	Section 4, (a	-	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant to the agency's policy	
_	Varification					
	Verification I have read and understand FP	PC Regulations 18944	.1 and 18942. I	l have verified ti	hat the distribution set fort	th above, is in accordance
	with the requirements.		City N	<i>l</i> lanager	03/14/23	
	Signature of Agency Head or Designo	ee Pr	rint Name		Title	(month, day, year)
	Comment: All tickets provide	ed pursuant to Section	ons 3.5.1 & 3.	.5.2 of the Cor	mm. Events Center Ope	erating Agrmnt; 7/1/16

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