I. /	Agency Name City of Ontario			1 [Date Stamp	California 802	
Ī	Division, Department, or Region (if applicable)					For Official Use Only	
					4	CTYCERKS	
Ĩ	Designated Agency Contact (Name, Title)					RCVD 1691777	
	Scott Ochoa, City Manager			□ Am	endment (Must Provid	de Explanation in Part 3.)	
7	Area Code/Phone Number E-mail				1 -		
9			Date of	Date of Original Filing:(month, day, year)			
2.	Function or Event Infor	mation		1100		07.00	
	Does the agency have a ticket policy? Yes ■ No □ Face Value of				cket/Pass \$	67.00	
	Event Description: Disney on Ice 11:00 a.m. Date(s)			ate(s)04 _/22/.	23		
		Provide Title/ Explai	nation				
				Name	of Source		
	Was ticket distribution made of agency official?	e at the behest Yes	No 🗌 IT	yes: Ochoa, Scott 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.						
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the public p	be the public purpose made pursuant to the agency's policy		
	B. Name of Ind	lividual	Number of Ticket(s)/	ld	entify one of the follo	wing:	
	(Last, Fi	rst)	Passes				
	Escalante, Nicole		8	Ceremonial Role If checking "Ceremo Section 4, (n), (o)	king "Ceremonial Role" or "Other" describe below:		
				0000011 1, (11), (0)			
				Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe	Income Income	

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

05/17/23

Signature of Agency Head or Designee

4. Verification

Print Name

Title

(month, day, year)

Comment: All tickets provided pursuant to Sections 3.5.1 & 3.5.2 of the Comm. Events Center Operating Agrmnt: 7/1/163