		ts and Ticket/P	a55 DISTI	Dutions	T	Public Document	
. Agency			Date Stamp	California 802			
City of Or		In a Change Control	1	For Official Use Only			
Division, I	Department, or Reg	ion (if applicable)					
Designate	d Agency Contact	(Name, Title)	+	CITY ROVO SEP2**2			
Scott Och	noa, City Manager		Amendment (Must Provide Explanation in Part 3.)				
Area Code/Phone Number E-mail							
909-395-	909-395-2000 sochoa@ontarioca.go				Date of Original Filing:(month, day, year)		
Functio	n or Event Infor	mation					
Does the	agency have a tic	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$_	67.00	
	scription: <u>Jhene A</u>				05 23	1 1	
		Provide Title/ Explai	nation				
Ticket(s)/	Pass(es) provided	by agency? Yes	No 🔲 🍴	f no:	Name of Source		
Maa tiaka	t distribution made	at the beheat Ar III		yes: Ochoa,	Scott		
	et distribution made by official?	e at the behest Yes	■ No L ''	yes	Official's Name (Last, First)		
or agent	y Official !						
			Passes				
B. Name of Individual (Last, First)			Number of Ticket(s)/ Passes		Identify one of the following:		
-				Ceren	monial Role Other	Income	
Valencia, Ruben			8	1	king "Ceremonial Role" or "Other" d	escribe below:	
				Section 4,	(f), (n)		
Sanchez, Darlene			6	Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below: Section 4, (n), (o)			
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			
. Verificat							
		PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set	forth above, is in accordanc	
with the re	quirements.					00/45/00	
		Darlene Sand	:nez	Assis	stant City Manager	09/15/23	

Comment: All tickets provided pursuant to Sections 3.5.1 & 3.5.2 of the Comm. Events Center Operating Agrmnt; 7/1/16

(month, day, year)

Title

Print Name

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.						
A. Name of Agency, Department or Unit	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:				
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
Haes, Tito	6	Section 4, (f), (n)				
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				
Scott, Jazmin	6	Section 4, (n)				
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
Wapner, Sarah	6	Section 4, (n)				
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
Wapner, Robin	6	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				
,						