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

A Public Document

1.	Agency Name				Date Stamp	California 802	
	City of Ontario					TOTIL	
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
						CITY OF COVICE	
	Designated Agency Contact (Name, Title)				1	RCVD DECS 23	
	Scott Ochoa, City Manager				☐ Amondmont #4 + 10		
	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)	
_	Franklan av Franklufan					(monin, day, year)	
2.	Function or Event Information 67.00						
	Does the agency have a ticket policy? Yes ■ No □ Face Value of Each Ticket/Pass \$						
	Event Description: Ontario Reign vs. Tucson Date(s) 11 / 08 / 23						
	Provide Title/ Explanation						
	Ticket(s)/Pass(es) provided by agency? Yes No If no:						
	Was ticket distribution made at the behest Voc. No. 1 If ves: Ochoa, Scott						
	of agency official?	163	140	•	Official's Name (Last, First)		
3.	Recipients						
	 Use Section A to identify the ager 	ncy's department or unit.	Use Section B to i	dentify an individu	ual. Use Section C to identif	y an outside organization.	
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
		-1					
	B. Name of Ind		Number of Ticket(s)/		Identify one of the f	ollowing:	
	(Last, Fir	rst)	Passes				
	Wapner, Alan		6		nonial Role Other C king "Ceremonial Role" or "Other" de		
				Section 4, (f), (n)		
				Cerem	nonial Role Other	Income _	
	Valencia, Ruben		6	If check	king "Ceremonial Role" or "Other" de	scribe below:	
				Section 4, ((f), (n)		
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
4.	Verification						
	I have read and understand FF	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance	
	with the requirements						
	Scott Ochoa City			Manager	12/07/23		
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)	
	Am at 1 at 1		05400) E O -E# - O	mana Firenda Octoba O	navolina A sussisti 7/4/40	
	Comment: All tickets provide	ied pursuant to Section	ons 3.5.1 & 3	o.o.∠ of the Co	omm. Events Center O	peraung Agrmnt; 7/1/16	

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	Number of Ticket(s)/	Identify one of the following:				
		Ceremonial Role Other Income Income Income Ceremonial Role or "Other" describe below:				
Den, Den		Section 4, (n), (o) Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
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				
	A. Name of Agency, Department or Unit B. Name of Individual (Last, First) Bell, Dan	Name of Outside Organization Name of Outside Organization				

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