## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

**A Public Document** 

	Agency Name				Date Stamp	California 802
	City of Ontario					Form OUZ
	Division, Department, or Region (if applicable)				1	For Official Use Only
						CITY CLERK'S
	Designated Agency Contact (Name, Title)				-	RGVD DEC8'29
	Scott Ochoa, City Manager					
	Area Code/Phone Number   E-mail				Amendment (Must Provide Explanation in Part 3.)	
	909-395-2000				Date of Original Filing:	
		901			(month, day, year)	
2.	Function or Event Information					
	Does the agency have a ticl	■ No □ F	ace Value of	Each Ticket/Pass \$	67.00	
	Event Description: Ontario Reign vs. Colorado			11	<u>, 12 , 23 </u>	
	Event Description:	Provide Title/ Explan	ation	Jate(s)	<i></i>	
	Ticket(s)/Pass(es) provided			no:		
	Ochoa Sco				Name of Source	
	Was ticket distribution made at the behest Yes No			yes: Oction,	Official's Name (Last, First)	
	of agency official?				Onicial's Name (East, 1 list)	
-						
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, Depart	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
			1 03363			
	B. Name of Indi	Number of Ticket(s)/	Identify one of the following:			
	(Last, Fir	'st)	Passes			
				1	nonial Role D Other D	<del>-</del>
	Mendoza, Melissa	6	If check	king "Ceremonial Role" or "Other" de	scribe below:	
				Section 4, (	n), (o)	
				Cerem	nonial Role  Other	Income _
				If check	king "Ceremonial Role" or "Other" de	scribe below:
	Name of Outside O	Number	Describe the public purpose made pursuant to the agency's policy			
	C. (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
_		29		1		
ŀ.	Verification	7				
	I have read and understand PF	PC Regulations 18944.	.1 and 18942.	l have verified i	that the distribution set f	orth above, is in accordance
	with the requirements					
	N/V	Scott Ochoa		City I	Manager	12/07/23
	Signature of Agency Head or Design	nee Pr	int Name		Title	(month, day, year)
	Comment. All tickets provide	and nurewant to Castle	nnc 2 E 4 9 2	52 of the Co	mm Evente Center C	Inerating Agreemt 7/1/46
	Comment. All lickers provid	ieu puisuani to secti	una ala. I a a	.5.2 01 1116 00	mini. Events Center C	peraung Agmin, 1/1/10

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