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

## **A Public Document**

A veneur Neme			1	Date Stamp	California OOO
1. Agency Name			Date Stamp	Form 802	
City of Ontario				For Official Use Only	
Division, Department, or Regi	on (if applicable)				r or emoia, eco emy
Designated Agency Contact (	Name, Title)				CITY CLERK'S
Scott Ochoa, City Manager			-	NOVE DECEME	
Area Code/Phone Number   E-mail				Amendment (Must Provide Explanation in Part 3.)	
909-395-2000	sochoa@ontarioca.gov		Date of Original Filing:		
909-393-2000	socnoa@ontanoca.	gov			(month, day, year)
. Function or Event Inform	mation				67.00
Does the agency have a tick	ket policy? Yes	■ No□ F	ace Value of E	Each Ticket/Pass \$ _	67.00
Event Description: "Don't W	orry Be Fluffy" Tour		oate(s)/_	26 , 23	
Event Description.	Provide Title/ Explar	nation	/ate(s)/.		
Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:	Name of Source	
			yes: Ochoa, S	Name of Source	
Was ticket distribution made	at the behest Yes	■ No 🗆 🛚 If	yes:	Official's Name (Last, First)	
of agency official?				,	
Desiminate					
<ul><li>Recipients</li><li>Use Section A to identify the agen</li></ul>	aufo den automent ex unit	Han Coation D to it	dontify an individua	al Also Section C to ident	ify an outside organization
Use Section A to identify the agen	cy's department or unit.		dentily an individua	al. Use section C to ident	ily an outside organization.
A. Name of Agency, Department or Unit		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
ACMEDIAN ENTREMENT		Passes			
ş <del></del>					<del></del>
B. Name of Individual (Last, First)		Number	8 77 7 7	Identify one of the	following:
		of Ticket(s)/ Passes		Identify one of the following:	
			Ceremo	onial Role  Other	Income
Valencia, Ruben		6	If checki	ing "Ceremonial Role" or "Other" d	escribe below:
			Section 4, (f	), (n)	
***			Ceremo	onial Role  Other	Income
Escalante, Nicole		I .		ing "Ceremonial Role" or "Other" d	
2004161110, 1110010		_	Section 4, (r	n). (o)	
TOTAL TOTAL CONTRACTOR	V SO S S I I I	Number		-,, (-)	
C. Name of Outside Organization (include address and description)		of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
		Passes			
	7				
X					
l. Verification					
I have read and understand FP	PC Regulations 18944	.1 and 18942.	I have verified ti	hat the distribution set	forth above, is in accordance
with the requirements.	_				
COIL		City Manager 12/19/23			
Signature of Agency Head or Design	Scott Ochoa	rint Name		Title	(month, day, year)
0.737459CH					
Comment: All tickets provid	led pursuant to Secti	ons 3.5.1 & 3	3.5.2 of the Co	mm. Events Center (	Operating Agrmnt; 7/1/16

Print

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

## Agency Report of: **Continuation Sheet**



**Ceremonial Role Events and Ticket/Pass Distributions A Public Document** Agency Name 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income . If checking "Ceremonial Role" or "Other" describe below: Mendoza, Melissa 2 Section 4, (n), (o) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Pavia, Ria 4 Section 4, (n), (o) Ceremonial Role Other  $\Box$ Income 🔲 If checking "Ceremonial Role" or "Other" describe below: 6 Section 4, (n) Kreiman, Marie Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Wapner, Brian 4 Section 4, (n) Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

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