			butions		Public Documen
. Agency Name		Date Stamp	California 802		
City of Ontario			For Official Use Only		
Division, Department, or R	degion (if applicable)				, or omeran cos only
Designated Agency Conta	ct (Name,Title)				
Scott Ochoa, City Manag	er	Amendment (Must P	rovide Explanation in Part 3.)		
Area Code/Phone Number E-mail				,	
909-395-2000	3-395-2000 sochoa@ontarioca.gov			Date of Original Filing:(month, day, year)	
. Function or Event Inf	ormation				27.00
Does the agency have a	ticket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	67.00
Event Description: Disne	y on Ice 7:00 p.m. Provide Title/ Expla	C	Date(s)	, 21 , 23	
Ticket(s)/Pass(es) provide			no:		
Honor(s)/F ass(cs) provide	od by agonoy. Test	110 🗀 "	Ochoo	Name of Source	
Was ticket distribution ma	ade at the behest Yes	■ No□ If	yes: Ochoa,	Official's Name (Last, First)	
of agency official?				Omolar & Hame (Last, 1 hsty	
 Use Section A to identify the a A. Name of Agency, D 		Number of Ticket(s)/		Union VIII Sanish	y an outside organization.
11		Passes			
8		Passes			
D.	Individual , First)			Identify one of the f	ollowing:
(Last,		Number of Ticket(s)/ Passes		nonial Role Other	Income
D.		Number of Ticket(s)/		nonial Role Other C	Income
(Last,		Number of Ticket(s)/ Passes	Section 4, (nonial Role Other or "Other" de f), (n) nonial Role Other" de financial Role Other or "Other" de financial Role Other other other or "Other" de financial Role" or "Other" de financial Role" or "Other" de	Income scribe below:
Leon, Giselle		Number of Ticket(s)/ Passes 6	Section 4, (nonial Role Other or "Other" de f), (n) nonial Role Other" de financial Role Other or "Other" de financial Role Other other other or "Other" de financial Role" or "Other" de financial Role" or "Other" de	Income scribe below:
Leon, Giselle	e Organization	Number of Ticket(s)/ Passes	Section 4, (Ceren If check Section 4, (nonial Role Other cing "Ceremonial Role" or "Other" deef), (n) nonial Role Other cing "Ceremonial Role" or "Other" deen)	Income scribe below:
Leon, Giselle Huber, Vanessa Name of Outsid	e Organization	Number of Ticket(s)/ Passes 6 Number of Ticket(s)/	Section 4, (Ceren If check Section 4, (nonial Role Other cing "Ceremonial Role" or "Other" deef), (n) nonial Role Other cing "Ceremonial Role" or "Other" deen)	Income scribe below: Income scribe below:
Leon, Giselle Huber, Vanessa Name of Outsid	e Organization	Number of Ticket(s)/ Passes 6 Number of Ticket(s)/	Section 4, (Ceren If check Section 4, (nonial Role Other cing "Ceremonial Role" or "Other" deef), (n) nonial Role Other cing "Ceremonial Role" or "Other" deen)	Income scribe below: Income scribe below:
Leon, Giselle Huber, Vanessa C. Name of Outsid (include address) Name of Outsid (include address)	le Organization and description)	Number of Ticket(s)/ Passes 6 Number of Ticket(s)/ Passes	Section 4, (Ceren If check Section 4, (Describe th	nonial Role Other or "Other" de f, (n) nonial Role Other or "Other" de f, (n) nonial Role Other or "Other" de fing "Ceremonial Role" or "Other" de fn) e public purpose made pur	Income scribe below: Income scribe below: Income scribe below:
Leon, Giselle Huber, Vanessa C. Name of Outsid (include address)	le Organization and description)	Number of Ticket(s)/ Passes 6 Number of Ticket(s)/ Passes	Section 4, (Ceren If check Section 4, (Describe the	nonial Role Other or "Other" de f, (n) nonial Role Other or "Other" de f, (n) nonial Role Other or "Other" de fing "Ceremonial Role" or "Other" de fn) e public purpose made pur	Income scribe below: Income scribe below: Income scribe below:

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

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

___3.



Agency Name

Recipients • Use Section A to identify the agency's department or unit	. • Use Section B to i	dentify 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:
Huber, Jake	1	Ceremonial Role Other Income Income
Huber, Analysa	1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Section 4, (n)
Huber, Jace	1	Ceremonial Role
Huber, Jackson	1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: 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

Print

Clear

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



Agency Name 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. 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: B. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Valencia, Gena 6 Section 4, (n) Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 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 Clear **Print**