Adelicy name		Date Stamp	California O O O	
Agency Name City of Ontario Division, Department, or Region (if applicable)			California 802	
			For Official Use Only	
rivision, Department, or Region (" applicable)			CITY CLERK'S	
Designated Assessed Control (North Title)			770 74252	
Designated Agency Contact (Name, Title)			N.	
Scott Ochoa, City Manager		Amendment (Musi	☐ Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number E-mail				
909-395-2000 sochoa@ontarioca.gov		Date of Original Filing	(month, day, year)	
Function or Event Information				
Does the agency have a ticket policy? Yes ■	No ☐ F	ace Value of Each Ticket/Pass\$.	67.00	
Event Description: Disney on Ice 11:00 a.m. Provide Title/ Explan	D	pate(s) 12 / 22 / 23		
		no:		
Tes	T2	Name of Source		
Nas ticket distribution made at the behest Yes ▮	No □ If	yes: Ochoa, Scott		
of agency official?	🗀	Official's Name (Last, Firs	t)	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made p	ursuant to the agency's policy	
B. Name of Individual	Number of Ticket(s)/	Identify one of the	e following:	
(Last, First)	Passes	PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PR		
		Ceremonial Role U Other		
Lorenz Mike	Q,	If checking "Ceremonial Role" or "Other"		
Lorenz, Mike	9			
Lorenz, Mike	9	Section 4, (n), (o)	describe below:	
		Section 4, (n), (o) Ceremonial Role Other	describe below:	
Lorenz, Mike Hammond, James	6	Section 4, (n), (o) Ceremonial Role Other If checking "Ceremonial Role" or "Other"	describe below:	
		Section 4, (n), (o) Ceremonial Role Other	describe below:	
		Section 4, (n), (o) Ceremonial Role Other If checking "Ceremonial Role" or "Other"	describe below: Income describe below:	
Hammond, James Name of Outside Organization	6 Number of Ticket(s)/	Section 4, (n), (o) Ceremonial Role Other If checking "Ceremonial Role" or "Other" Section 4, (f), (n)	describe below: Income describe below:	
Hammond, James Name of Outside Organization	6 Number of Ticket(s)/	Section 4, (n), (o) Ceremonial Role Other If checking "Ceremonial Role" or "Other" Section 4, (f), (n)	describe below: Income describe below:	
Hammond, James Name of Outside Organization	6 Number of Ticket(s)/	Section 4, (n), (o) Ceremonial Role Other If checking "Ceremonial Role" or "Other" Section 4, (f), (n)	describe below: Income describe below:	
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Hammond, James Name of Outside Organization	6 Number of Ticket(s)/	Section 4, (n), (o) Ceremonial Role Other If checking "Ceremonial Role" or "Other" Section 4, (f), (n)	describe below: Income describe below:	

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

Signature of Agency Head or Designee

Print Name

(month, day, year)

Title