. Agency Name		Date Stamp	California O 0 0		
City of Ontario			Form 802		
Division, Department, or Reg	gion (if applicable)			For Official Use Only	
Designated Agency Contact	(Name, Title)				
Scott Ochoa, City Manager		Amendment (Must F	Amendment (Must Provide Explanation in Part 3.)		
Area Code/Phone Number 909-395-2000	E-mail sochoa@ontarioca.	gov	Date of Original Filing:	Date of Original Filing:	
Function or Event Information				1	
Does the agency have a tic	ket policy? Yes		ace Value of Each Ticket/Pass \$	67.00	
Event Description: Disney	on Ice 6:30 p.m.		Date(s) 12 / 23 / 23		
Ticket(s)/Pass(es) provided	Provide Title/ Explai		no:		
			no: Name of Source yes: Ochoa, Scott	<u></u>	
Was ticket distribution made of agency official?	e at the behest Yes	■ No 🗆 li	Official's Name (Last, First)		
. Recipients	ngy's department or unit	Lica Saction P to i	dentify an individual. Use Section C to identif	á an outsido organization	
ose section A to identify the age	ncy's department or unit.	Number	TORONO MENANCE IN		
A. Name of Agency, Dep	eartment or Unit	of Ticket(s)/ Passes	Describe the public purpose made pur	suant to the agency's policy	
B. Name of Ind		Number of Ticket(s)/	Identify one of the f	ollowing:	
(Last, First) Wapner, Alan		Passes 8	Ceremonial Role Other If the checking "Ceremonial Role" or "Other" de		
Saldana, Roland		6	Ceremonial Role Other If the Checking "Ceremonial Role" or "Other" de		
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the public purpose made pur	suant to the agency's policy	
. Verification	7				
I have read and understand Fl with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified that the distribution set for	orth above, is in accordance	
XX////	Scott Ochoa		City Manager	01/19/24	

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



Recipients		
	t. • 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:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Sanchez, Jessica	7	Section 4, (n)
		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
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

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