	Agency Name			Date Stamp	California 802	
	City of Ontario					Form OUZ
	Division, Department, or Region (if applicable)			1	For Official Use Only	
	Designated Agency Contact (Name, Title)					ROVD JAN2524
	Scott Ochoa, City Manager				Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number   E-mail		a dov		Date of Original Filing:	
					(month, day, year)	
-	Function or Event Infor	mation				67.00
					Each Ticket/Pass \$	07.00
	Event Description: Ontario Reign vs. Henderson Date(s) 12			<u>/ 31 / 23 </u>		
		Provide Title/ Expl	anation			
	· · · · · · · · · · · · · · · · · · ·				Name of Source	
	Was ticket distribution made at the behest Yes No ☐ If yes: Ochoa, S				Scott	
	of agency official?		140 🗀	•	Official's Name (Last, First)	
3.	Posinients					
	Recipients • Use Section A to identify the age	ncy's department or unit	•Use Section B to i	dentify an individu	ual. Use Section C to identi	fy an outside organization
	ose section A to identify the age	ney 3 department or unit.	Number	T	day. Ose section e to facilit	ry arroadside organization.
	A. Name of Agency, Dep	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Ind	lividual	Number of Ticket(s)/		Identify one of the	following:
	(Last, Fi	rst)	Passes			
	M/ Al		44		nonial Role Other C	
	Wapner, Alan		11			scribe below.
	*			Section 4, (		
	Martinez, Stephanie		1		nonial Role	
	Martinez, Stephanie		1	Section 4, (		
		THE STREET	Number	Jection 4, (	(1), (11)	
	C. Name of Outside C	Organization d description)	of Ticket(s)/	Describe th	ne public purpose made pui	rsuant to the agency's policy
	(Iliciade address all					
	(illelade address all					
	(Illerance additions all					
	(Include address and	)				

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

City Manager

Title

01/19/24

(month, day, year)

Signature of Agency Head or Designee

Print Name

Scott Ochoa