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

**A Public Document** 

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	Agency Name				Date Stamp California Q 0 2		
	City of Ontario				Form OUZ		
	Division, Department, or Region (if applicable)				1	For Official Use Only	
	Designated Agency Contact (Name, Title)				1	CITY CLERK'S	
						POUD FEB21'2	
	Scott Ochoa, City Manager  Area Code/Phone Number   E-mail				Amendment (Must Provide Explanation in Part 3.)		
					Data of Original Fillings		
	909-395-2000	sochoa@ontarioca.	gov		Date of Original Filing:	(month, day, year)	
_	Function or Event Infor	mation					
				ace Value of	Each Ticket/Pass \$	67.00	
	Does the agency have a tick						
	Event Description: Ontario	Jippers vs. Austin		)ate(s)	, 04 , 24		
		Provide Title/ Explan					
	Ticket(s)/Pass(es) provided by agency? Yes No I If no:					Name of Source	
	Was ticket distribution made at the behest Yes ■ No □ If yes				Ochoa, Scott		
		at the beliest Yes	■ No Ll "	you	Official's Name (Last, First)		
	of agency official?						
3.	Recipients						
	-	cv's department or unit.	Use Section B to i	dentify an individu	ual. Use Section C to identi	fy an outside organization.	
	<ul> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section B to identify an individual.</li> </ul> Number					,	
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
			Passes		111-11-1169, 30-3		
	B. Name of Indi	Number of Ticket(s)/		Identify one of the following:			
	(Last, Fir:		Passes				
				Ceren	nonial Role  Other	Income	
	Bradley, Wayne	5	If checi	king "Ceremonial Role" or "Other" de	escribe below:		
				Section 4, (	(f), (n)		
				Coron	nonial Role  Other	Income	
				1	king "Ceremonial Role" or "Other" de		
			Number		THE RESERVE THE PERSON NAMED IN		
	C. Name of Outside Organization (include address and description)		of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
	(monade address and	doonpaony	Passes	1000000			
		1					
ļ.	Verification ///						
•	I have read and understand FP	PC Regulations 18944	.1 and 18942	I have verified	that the distribution set t	forth above, is in accordance	
	with the requirements.	7 O Hogalationo 100 11.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ora, above, io in accordance	
	78114	Scott Ochoa		City	Manager	02/21/24	
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)	
	Comment: All tickets provid	ed pursuant to Section	ons 3.5.1 & 3	.5.2 of the Co	omm. Events Center C	Operating Agrmnt; 7/1/16	