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

A Public Document

| 4 | Agency Name | | | | Date Stamp | California OOO | |
|----|---|--|---------------|--|--|----------------------------------|--|
| ١. | | | | | Date Stamp | Form 802 | |
| | City of Ontario | | | | | For Official Use Only | |
| | Division, Department, or Reg | Division, Department, or Region (if applicable) | | | | | |
| | | | | | | CITY CLERK'S II ROVD MARZB 24 | |
| | Designated Agency Contact (Name, Title) | | | | 1 | | |
| | Scott Ochoa, City Manager | | | | | | |
| | Area Code/Phone Number | | | Amendment (Must Provide Explanation in Part 3.) | | | |
| | | | | Date of Original Filings | | | |
| | 909-395-2000 | sochoa@ontarioca. | .gov | | Date of Original Filing: _ | (month, day, year) | |
| 2 | Function or Event Infor | mation | | | The second second second | | |
| ۷. | | | | | 67.00 | | |
| | Does the agency have a tick | | | Each Ticket/Pass \$ | | | |
| | Event Description: Hits Dee | D | late(s) 02 | <u>, 10 , 24 </u> . | 1 1 | | |
| | Provide Title/ Explanation | | | | · | | |
| | Ticket(s)/Pass(es) provided | by agency? Yes | ■ No 🔲 If | no: | Name of Source | | |
| | , , , , , | | Ochoo | Name of Source | | | |
| | Was ticket distribution made at the behest Yes No. | | | If yes: Ochoa, Scott Official's Name (Last, First) | | | |
| | of agency official? | | | | Oπicial's Name (Last, First) | | |
| | | | | | | | |
| 3. | Recipients | | | | | | |
| | • | Jse 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 | | | | | |
| | A. Name of Agency, Depa | artment or Unit | of Ticket(s)/ | Describe th | e public purpose made purs | uant to the agency's policy | |
| | | | Passes | | | | |
| | | | 1 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Number | | | | | |
| | B. Name of Individual (Last, First) | | of Ticket(s)/ | | Identify one of the following: | | |
| | 12404, 1 11 | o., | Passes | | | | |
| | Valencia, Ruben | | 40 | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: | | | |
| | | | 10 | | | | |
| | | | | Section 4, (| f), (n) | | |
| | - | | | Cerem | nonial Role Other | Income 🗌 | |
| | Faroogi, Jessica | | I I | | king "Ceremonial Role" or "Other" describe below: | | |
| | | | | Section 4, (| (n) | | |
| | | | Number | | | | |
| | | Name of Outside Organization (include address and description) | | Describe th | Describe the public purpose made pursuant to the agency's policy | | |
| | (ilicidde address and | i description) | Passes | | | | |
| | | | | | | | |
| | | | | | | | |
| | - | | | | | | |
| | | | | 1 | | | |
| _ | A | | | | | | |
| 4. | Verification // | | | | | | |
| | I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in according | | | | | | |
| | with the requirements. | | | | | | |
| | () | | City I | Manager | 03/28/24 | | |
| | Signature of Agency Head or Design | rint Name | <u> </u> | Title | (month, day, year) | | |
| | | | | | | , | |
| | Comment: All tickets provide | omment: All tickets provided pursuant to Sections 3.5.1 & 3.5.2 of the Comm. Events Center Operating Agrmnt; 7/1/16 | | | | | |

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)