	eremonial Role Even	to and monour	433 DI3ti1	buttons		Public Document
١.	Agency Name			Date Stamp	California 802	
	City of Ontario				1	For Official Use Only
	Division, Department, or Region (if applicable)					CTP OLEKS (
	Designated Agency Contact (Name, Title)				1	
	Scott Ochoa, City Manager				Amandanant (14	Durit Full (Full Put 0)
	Area Code/Phone Number			Amendment (Must F	ovide Explanation in Part 3.)	
	909-395-2000	.gov	Date of Original Fil		(month, day, year)	
	Function or Event Infor	mation				67.00
	Does the agency have a ticket policy? Yes			ace Value of	Each Ticket/Pass \$ _	67.00
	Event Description: Panter Belico Date(s			)oto(a) 03	, 02 , 24	1
	Event Description: Panter Belico Date(s) 03 / 02 / 24					
	Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:					
	Ochon				Name of Source	
	Was ticket distribution made at the behest Yes ■ No □ If yes: Ochoa, Scott  Official's Name (Last, First)					
	of agency official?		_		Oπiciai's ivame (Last, First)	
3.	Recipients  • Use Section A to identify the age	acy's department or unit	Use Section R to i	dentify an individu	ual	ify an outside organization
	- Ose Section A to identity the age	icy's department or unit.	Number	The real of the re	ual. Ose Section C to identi	ny an outside organization.
	A. Name of Agency, Dep	of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy		
			Number			
	B. Name of Individual (Last, First)		of Ticket(s)/ Passes		Identify one of the	following:
					monial Role Other	_
	Valencia, Ruben	6		king "Ceremonial Role" or "Other" de	escribe delow;	
				Section 4, (	(f), (n)	
	R			1	nonial Role  Other C king "Ceremonial Role" or "Other" do	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		rsuant to the agency's policy
	(moldue address and	a description)	Passes			

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

04/01/24

(month, day, year)

Signature of Agency Head or Designee

Print Name

Scott Ochoa