Agency Report of:

ite Stamp	California 802	
	For Official Use Only	
3	te Stamp	

1.	Agency Name				Date Stamp	Form 802		
	City of Ontario					Form 502 For Official Use Only		
	Division, Department, or Region (if applicable)							
	(Action)					CITY CLERK'S ROVD NOV7'24		
	Designated Agency Contact (Name, Title)					MOAN MAA TA		
	Scott Ochoa, City Manager		Amendment (Must Provide Explanation in Part 3.)					
	Area Code/Phone Number	E-mail						
	909-395-2000	sochoa@ontarioca	Date of Original Filing:(month, day, year)					
2.	Function or Event Information							
	Does the agency have a ticket policy? Yes ■ No □ Face Value of B				Each Ticket/Pass \$	67.00		
	Event Description: Ontario		, 12 , 24					
	Event Description:	Provide Title/ Expl						
	Ticket(s)/Pass(es) provided			no:				
				yes: Ochoa,	Name of Source			
	Was ticket distribution made	e at the behest Yes	■ No 🗆 II	yes:	Official's Name (Last, First)	, , , , , , , , , , , , , , , , , , ,		
	of agency official?				,			
3.	Pocinionts							
	Recipients • Use 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, Dep	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					
	F d S S S S S S S S S S S S S S S S S S							
		Number						
	B. Name of Ind	of Ticket(s)/ Passes	100	Identify one of the f	ollowing:			
		,	1,0000	Ceren	nonial Role Other	Income		
	Valencia, Ruben	2		king "Ceremonial Role" or "Other" de	-			
	,			Section 4, ((f), (n)			
				Ceren	nonial Role Other	Income		
				1	king "Ceremonial Role" or "Other" de			
				Section 4,	(n), (o)			
	Name of Outside C	Name and the second	Number					
	C. Name of Outside C		of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy		
-	\\\text{16} - \text{16} - \text{16}	1						
4.	Verification	700 Danieliana 4004	11.1 and 10010	I have varieties!	that the distribution cat f	orth about is in assardance		
	I have read and understand Fi	-ru kegulations 1894	4.1 and 18942.	i nave venned	arat ine distribution set f	orur above, is ili accordance		
	(M/ 1//	Scott Ochoa	1	City	Manager	11/05/24		
	41	5600 06108	ı	Oity i	managoi	11/00/27		

Title Signature of Agency Head or Designee Print Name (month, day, year)

Comment: All tickets provided pursuant to Sections 3.5.1 & 3.5.2 of the Comm. Events Center Operating Agrmnt: 7/1/161