

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

**A Public Document**

|   |                      |   |  |
|---|----------------------|---|--|
| <b>1. Agency Name</b>                           |                      | Date Stamp  | <b>California Form 802</b>                 |
| City of Ontario                                 |                      |   | For Official Use Only                      |
| Division, Department, or Region (if applicable) |                      |   | CITY CLERK'S OFFICE<br>RCVD NOV7'24 PM2:56 |
| Designated Agency Contact (Name, Title)         |                      | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br><br>Date of Original Filing: _____<br><small>(month, day, year)</small> |  |
| Scott Ochoa, City Manager                       |                      |   |  |
| Area Code/Phone Number                          | E-mail               |   |  |
| 909-395-2000                                    | sochoa@ontarioca.gov |   |  |

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ **67.00**

Event Description: Ontario Reign vs. Bakersfield    Date(s) 10 / 18 / 24

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_

Name of Source

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: Ochoa, Scott

Official's Name (Last, First)

**3. 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.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|---|-----------------------------|---|
|   |                             |   |
|   |                             |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:  |
| Valencia, Ruben   | 4                           | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>Section 4, (f), (n) |
| Escalante, Nicole   | 8                           | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>Section 4, (n), (o) |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|   |                             |   |
|   |                             |   |

**4. Verification**

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Scott Ochoa
City Manager
11/05/24

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

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

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

Agency Name \_\_\_\_\_

**3. 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.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| Bumstead, Katie   | 6                           | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i><br>Section 4, (n) |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i>                   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i>                   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i>                   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |
|   |                             |  |
|   |                             |  |

**Print** **Clear**