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

Ceremonial Role Events and Ticket/Pass Distributions	A Public Document			
1. Agency Name	Date Stamp OF California 802			
City of Ontario	Form OUZ			
Division, Department, or Region (if applicable)	10 MAD 10 For Official Use Only			

	City of Ontario				1 L. V.	Form 8UZ
Division, Department, or Region (if applicable)				10 MAD LO		
	Designated Agency Contact (Name, Title)				19 MAR 18	rn 3:08
					CITY OF O	VIARIO
Scott Ochoa, City Manager					Amendment (Must Provi	and the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the section is a second section in the section in the section is a section in the section in the section in the section in the section is a section in the
	Area Code/Phone Number	E-mail				
	909-395-2000	sochoa@ontarioca	a.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick		⊠ No 🗆	Face Value of I	Each Ticket/Pass \$ 67.0	0
	Event Description: Los Tuca	anes de Tijuana		Date(s)02/	, 09 , 19	
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗆 🗆	it no:	Name of Source	
	Was ticket distribution made	at the behest Yes	⊠ No□ I	If yes: Ochoa,	Scott Official's Name (Last, First)	
	of agency official?		_		Official's Ivame (Last, First)	
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to identify a	an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe the	e public purpose made pursua	nt to the agency's policy
			Passes			
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the follo	wing:
	Leon, Paul				onial Role Other Other on "Other" describe	Income Income
			4	Section 4 (I),	(q)	
	Valencia, Ruben			Ceremo	onial Role  Other	Income
			6		ng "Ceremonial Role" or "Other" describe	
				. (7)		
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pursuar	nt to the agency's policy
						-10
_	Mariffication //					
	Verification	OC Populations 19014	1 and 49040	I have verified th	not the distribution and final	abaya ia iad-
	I have read and understand FPF with the requirements.	-0 кединиють тъучч.	. i and 18942.	ı nave veriiled tr	iai ine distribution set forth	above, is in accordance
	737 V	Scot	tt Ochoa		City Manager	03/18/19
	Signature of Agency Head or Designe		int Name		Title	(month, day, year)

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

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



Agency Name						
y of Ontario 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:				
Flores, Steven	8	Ceremonial Role  Other  Income  If checking "Ceremonial Role" or "Other" describe below:  Section 4 (f), (h)				
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				
		Ceremonial Role  Other  Income If checking "Ceremonial Role" or "Other" describe below:				
		Ceremonial Role  Other  Income  If checking "Ceremonial Role" or "Other" describe below:				
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				