	Agency Name City of Ontario				Date Stamp	A Public Document		
						Form 802		
	Division, Department, or Reg	gion (if applicable)	•	CTTY ULERK 5 01 RCUD JUN21'22				
	Designated Agency Contact	(Name, Title)		Lot of the State of the state of the same of				
	Scott Ochoa, City Manager		D Amondment (M. (D.)) 5 to 10					
	Area Code/Phone Number E-mail				Amendment (Must Provide Explanation in Part 3.)			
	909-395-2000	sochoa@ontarioca	ı.gov		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Information							
	Does the agency have a tic	ket policy? Yes	Each Ticket/Pass \$	67.00				
	Event Description: Ontario	Reign vs San Diego	, 04 , 22	1 1				
		Provide Title/ Expla	nation					
	Ticket(s)/Pass(es) provided	by agency? Yes	Name of Source					
	Was ticket distribution made	e at the behest Ves	Scott					
	of agency official?	103	Official's Name (Last, First)					
_	Decinients							
3.	Recipients • Use Section A to identify the ager	ncv's department or unit. •	Use Section B to i	dentify an individu	al. the Section C to identify	an outside organization		
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	120000	be 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 fol	lowing:		
	Bell, Dan		3	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Section 4, (n), (o)				
	Chesin, Stephanie		6		onial Role Other on "Other" descri	Income Income		
	Chesin, Stephanie		6		ng "Ceremonial Role" or "Other" descri			
	Chesin, Stephanie Name of Outside Or (include address and		6 Number of Ticket(s)/ Passes	Section 4, (r	ng "Ceremonial Role" or "Other" descri	ibe below:		

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4.	Vc	rifi	C-2	411	nn
₹.	W C		La	1.11	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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

06/13/22

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 Agrmnt: 7/1/16