Ceremonial Role Events and Ticket/Pass Distribution \$13 RM 8 44A Public Document 1. Agency Name California Date Stamp **Form** City of Ontario For Official Use Only Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Scott Ochoa, City Manager Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing:, 909-395-2000 sochoa@ontarioca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 67.00 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 11 / 18 / Event Description: Endurocross Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Ochoa, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. **Passes** Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other \square Income Valencia, Ruben If checking "Ceremonial Role" or "Other" describe below: 8 Section 4, (I), (q) Other Ceremonial Role Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 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 requirement Scott Ochoa City Manager Print Name (month, day, year) Signature of Agency Head or Designee Comment: All tickets provided pursuant to Sections 3.5.1 & 3.5.2 of the Comm. Events Center Operating Agrmnt; 7/1/16

Agency Report of: