**Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name California Date Stamp Form City of Ontario 2017 DEC 1 AM 8 44 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 □ Event Description: Clippers of Ontario vs. Long Island Date(s) 11 / 21 / 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Name of Individual B. 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: 6 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 of Ticket(s)/ C. (include address and description) **Passes** 

4. Verification

I have read and upperstand 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

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