

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

**A Public Document**

<b>1. Agency Name</b> City of Ontario <hr/> <b>Division, Department, or Region (if applicable)</b> <hr/> <b>Designated Agency Contact (Name, Title)</b> Scott Ochoa, City Manager <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><b>Area Code/Phone Number</b></td> <td style="width:50%; border: none;"><b>E-mail</b></td> </tr> <tr> <td style="border: none;">909-395-2000</td> <td style="border: none;">sochoa@ontarioca.gov</td> </tr> </table>	<b>Area Code/Phone Number</b>	<b>E-mail</b>	909-395-2000	sochoa@ontarioca.gov	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">Date Stamp 18 MAR 20 PM 3:48</p> <p style="font-size: 1.2em; margin: 0;">CITY OF ONTARIO CITY CLERK/RECORDS</p> <p style="font-size: 0.8em; margin: 0;"><input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)</p> <p style="font-size: 0.8em; margin: 0;">Date of Original Filing: _____ (month, day, year)</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="font-size: 1.2em; font-weight: bold; margin: 0;">California Form 802</p> <p style="font-size: 0.8em; margin: 0;">For Official Use Only</p> </div>
<b>Area Code/Phone Number</b>	<b>E-mail</b>				
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: Miranda Lambert    Date(s) 02 / 16 / 18  
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:
Leon, Paul	8	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Section 4, (l), (q)
Dorst-Porada, Debra	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Section 4, (l)
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	03/20/18
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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Continuation Sheet**

Agency Name

City of Ontario

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B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Valencia, Ruben	6	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Section 4, (l), (q)
Ochoa, Scott	8	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Section 4, (l), (q)
Antillon, Cindy	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Section 4, (o), (p)
Andrews, John	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Section 4, (o), (p)
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B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Spiegel, Tanya	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Section 4, (o), (p)
Zeledon, Rudy	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Section 4, (o), (p)
Kreimann, Marie	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Section 4, (h), (p)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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