•	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	AP	ublic Document
1.	Agency Name			California O O		
	City of Ontario					Form OUZ
	Division, Department, or Region (if applicable)			1	JUN 12 PM 3: 48	For Official Use Only
	Designated Agency Contact (Name, Title)			017	CITY OF ONTARIO	
	Scott Ochoa, City Manager			611	Y CLERK/RECORD\$	
	Area Code/Phone Number			Amendment (Must Provi	de Explanation in Part 3.)	
	909-395-2000	sochoa@ontarioca	.gov		Date of Original Filing:	(month, day, year)
2.	2. Function or Event Information					
	Does the agency have a tick	⊠ No 🗆 「	ace Value of	Each Ticket/Pass \$ <u>67.0</u>	0	
	Event Description: Mother's Day Jam				<u>, 11 , 19</u>	1 1
	Provide Title/ Explanation			Jaie(3)	·——	
	Ticket(s)/Pass(es) provided	by agency? Yes	X No□ I	f no:		· · · · · · · · · · · · · · · · · · ·
	te.			If yes: Ochoa, Scott		
	Was ticket distribution made at the behest Yes of agency official?			Tyes:	Official's Name (Last, First)	
_						
3.	Recipients  • Use Section A to identify the agen	cv's department or unit. •	Use Section B to	identify an individ	lual. • Use Section C to identify:	an outside organization.
			Number			
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pursua	nt to the agency's policy
	Name of Individual (Last, First)		Number of Ticket(s)/		Identify one of the follo	wing:
	(Last, Fit	St.)	Passes			
	Leon, Paul		6	If check	nonial Role	Income L e below:
				Section 4, (I)	), ( <b>q</b> )	
	Valencia, Ruben				nonial Role Other Other describe	Income [
			12	Section 4, (I)		5 201541.
	Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes  Describe tl		e public purpose made pursua	nt to the agency's policy
					7	
_	Verification					
₹.	I have read and understand FP with the requirements	PC Regulations 18944	.1 and 18942.	I have verified t	that the distribution set forth	above, is in accordance
			# Oabaa		City Manager	06/40/40
			tt Ochoa int Name		City Manager Title	06/10/19 (month, day, year)
	Comment: All tickets provid		ons 3 5 1 & 3	5.5.2 of the Co	mm Events Center Oner	rating Agrmnt: 7/1/16
	Comment: Comment	on parodant to ocotic	J J. J. J	5 50		

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



Agency Name by 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					
A. Na	me of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy		
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:		
Ochoa, Sco	ott	12	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:  Section 4, (I), (q)		
Escalante,	Nicole	2	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:  Section 4, (o), (p)		
Williams, D	erek	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:  Section 4, (o), (p)		
			Ceremonial Role Other Income 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		