,	gency Report of: eremonial Role Even	ts and Ticket	/Pass Disti	ributions	5	A Public Document		
١.	Agency Name		<b>D</b> ate Stamp	California 802				
	City of Ontario		Ste Stamp	1 01111				
	Division, Department, or Region (if applicable)				35	For Official Use Only		
			leased comp					
	Designated Agency Contact	(Name,Title)	And Car					
	Scott Ochoa, City Manager  Area Code/Phone Number   E-mail				Amendment (Mus	st Provide Explanation in Part 3.)		
		<u> </u>			Date of Original Filin	u.		
	909-395-2000	sochoa@ontario	ca.gov		Date of Originar Finit	(month, day, year)		
2.	Function or Event Information							
	Does the agency have a tick	s 🗵 No 🗌	Face Value of I	Each Ticket/Pass \$	67.00			
	Event Description: Mercy M		Date(s)09	<u>, 08 , 19</u>	1 1			
		planation						
	Ticket(s)/Pass(es) provided		If no:	Name of Source				
	Was ticket distribution made	s⊠ No⊓ <sup>∣</sup>	If yes: Ochoa,	Scott Official's Name (Last, First				
	of agency official?				Official's Name (Last, Firs	st)		
	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	1					
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made p	oursuant to the agency's policy		
	B. Name of Individual (Last, First)  Leon, Paul		Number					
			of Ticket(s)/	ldentify one of the following:				
			1 40000	Cerem	onial Role  Other	Income		
			12	Section 4, (I)	king "Ceremonial Role" or "Other" describe below:			
				Gection 4, (i)	, (9)			
	Valencia, Ruben				nonial Role Other Income Income King "Ceremonial Role" or "Other" describe below:			
			12	Section 4, (I)				
			<u> </u>					
	C. Name of Outside Or (include address and	Number of Ticket(s)/	Describe the	public purpose made p	oursuant to the agency's policy			
			Passes					
	Verification		ATE					
	I have read and understand FPI	PC Regulations 189	44.1 and 18942.	I have verified ti	hat the distribution set	t forth above, is in accordance		
	with the requirements.							
			cott Ochoa		City Manager	10/09/19		
	Signature of Agency Head or Designe		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 Agrmn								

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



Agency									
ity of Or Rec	ipients								
	• 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.								
Α.	A. Name of Agency, Department or Unit		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:						
Dors	t-Porada, Debra	3	Ceremonial Role  Other  Income  If checking "Ceremonial Role" or "Other" describe below:  Section 4, (I), (q)						
-			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:						
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:						
*			Ceremonial Role Other I 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						
2									