Agency Name City of Ontario				The state of the s	<b>Public Document</b>
only or ontonio	I. Agency Name City of Ontario			Pate-Stamp	California 802
Division, Department, or Region (if applicable)					For Official Use Only
Designated Agency Contact (	Name,Title)			I Agazza Para	
Scott Ochoa, City Manager			Amendment (Must F	rovide Explanation in Part 3.)	
Area Code/Phone Number E-mail sochoa@ontarioca.		ı.gov	Date of Original Filing:(month, day, year)		
Function or Event Inform	mation			<del></del>	
Does the agency have a tick	et policy? Yes	⊠ No□ 「	Face Value of I	Each Ticket/Pass \$ 67	7.00
Event Description: Disney o	n Ice Mickey's Sear	ch Party 3 ₽M			
Ticket(s)/Pass(es) provided			f no:		
			Ochoa		
Was ticket distribution made of agency official?	at the behest Yes	⊠ No□ <sup>I</sup>	ryes: <u>Gonda,</u>	Official's Name (Last, First)	
Recipients  • Use Section A to identify the agence	cy's department or unit. •	,	identify an individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy		
		Number of Ticket(s)/	1,1113	Identify one of the fo	ollowing:
(Last, First)		Passes			
Leon, Paul		12	Ceremonial Role  Other  Income  Income  Section 4, (I), (q)		
Erin, Randy		6	Ceremonial Role Other Income Income Section 4, (f), (h)		
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	ribe the public purpose made pursuant to the agency's policy	
Verification	PO Boardations 40044	1 and 19040	I house verifically	hot the distribution of	
with the requirements.	-c Regulations 18944	. i and 18942.	ı nave verified ti	rial the distribution set fo	ππ above, is in accordance
Signature of Agency Head or Designe			City Manager	02/04/20 (month, day, year)	
	Function or Event Information  Does the agency have a tick  Event Description: Disney of the Disney of Ticket (s)/Pass(es) provided  Was ticket distribution made of agency official?  Recipients  • Use Section A to identify the agency of A. Name of Agency, Depa  B. Name of India (Last, First)  Leon, Paul  Erin, Randy  C. Name of Outside Or (include address and part of Agency Head or Designer)  Verification  have read and understand FPI with the requirements.	Function or Event Information  Does the agency have a ticket policy? Yes Event Description:  Disney on Ice Mickey's Search Provide Title/ Explaticket(s)/Pass(es) provided by agency? Yes of agency official?  Recipients  Use Section A to identify the agency's department or unit.  A. Name of Agency, Department or Unit  B. Name of Individual (Last, First)  Leon, Paul  Erin, Randy  C. Name of Outside Organization (include address and description)  /erification  have read and understand FPPC Regulations 18944 with the requirements.  Sco	Function or Event Information  Does the agency have a ticket policy? Yes No Provide Titlef Explanation  Ticket(s)/Pass(es) provided by agency? Yes No Of agency official?  Recipients  Use Section A to identify the agency's department or unit. Use Section B to Number of Ticket(s)/Passes  B. Name of Agency, Department or Unit Number of Ticket(s)/Passes  B. Name of Individual (Last, First)  B. Name of Outside Organization (Include address and description)  Ferification  The provide Titlef Explanation (Include address and description)  Number of Ticket(s)/Passes  Number of Ticket(s)/Passes  Number of Ticket(s)/Passes  Scott Ochoa  Signature of Agency Head or Designee  Print Name	Function or Event Information  Does the agency have a ticket policy? Yes No Face Value of Event Description:  Disney on Ice Mickey's Search Party Photography Potential Provide Titler Explanation  Ticket(s)/Pass(es) provided by agency? Yes No If no:  Was ticket distribution made at the behest Yes No If yes: Ochoa, of agency official?  Recipients  Use Section A to identify the agency's department or unit. Use Section B to identify an individual (Last, First)  B. Name of Agency, Department or Unit  B. Name of Individual (Last, First)  Leon, Paul  12 Section 4, (i)  Erin, Randy  Cerem If check Section 4, (i)  C. Name of Outside Organization (Include address and description)  Passes  Verification  have read and understand FPPC Regulations 18944.1 and 18942. I have verified to with the requirements.  Scott Ochoa  Signature of Agency Head or Designee  Print Name	Date of Original Filing: