

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

A Public Document

1. Agency Name City of Ontario Division, Department, or Region (if applicable)		CITY CLERK'S OFFICE RCVD FEB 20 04 9:02	Date Stamp	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) Scott Ochoa, City Manager			<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	Date of Original Filing: _____ (month, day, year)
Area Code/Phone Number 909-395-2000	E-mail 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: Disney on Ice Mickey's Search Party Date(s) 01 / 05 / 20
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:
Ceja, Jose	6	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Section 4, (a), (g), (h)
Webb, Beverly	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Section 4, (c), (h)
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

 _____
Signature of Agency Head or Designee

_____ Scott Ochoa _____
Print Name

_____ City Manager _____
Title

_____ 02/04/20 _____
(month, day, year)

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