## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

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1.	Agency Name				Date Stamp	California OOO	
	City of Ontario			Form OUZ			
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
						CITY CLERK'S	
	Designated Agency Contact	(Name, Title)	1	KOVD MARZZZ			
	Scott Ochoa, City Manager		Amendment (Must	Provide Evalenation in Bout 2 )			
	Area Code/Phone Number	E-mail	Amendment (Must Provide Explanation in Part 3.)				
	909-395-2000	sochoa@ontario	oca.gov		Date of Original Filing:		
2.	Function or Event Infor	mation					
	Does the agency have a tick	et policy?	es No 🗆	Face Value of	Each Ticket/Pass \$ _	67. <u>0</u> 0	
	Event Description: Los Tigro		110				
	Event Description:	Provide Title/ E	xplanation	Date(s)			
	Ticket(s)/Pass(es) provided		•	If no:			
				Ochoo	Name of Source		
	Was ticket distribution made	at the behest You	es 🔳 No 🗌	If yes: Ochoa,	Official's Name (Last, First)		
	of agency official?				Official's Name (Last, First)		
3.	Recipients						
٠.	Use Section A to identify the agent	cv's department or unit	t. •Use Section B to	identify an individu	ial	fy an outside organization	
		oy sucparametric or ann	Number	I dentity an individe	iai. Ose section c to identi	ry an outside organization.	
	A. Name of Agency, Depa	of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's poli			
	B. Name of Indiv		Number of Ticket(s)/		Identify one of the t	following:	
	1200,777	9	Passes		· · · · · · · · · · · · · · · · · · ·		
	Valencia, Ruben		6		onial Role  Other  Other  Officer  Other  Other  Other  Other  Other		
	,			Section 4, (1	f), (n)		
	V-				onial Role Other C	Income	
	Ochoa, Scott		7	1	ing "Ceremonial Role" or "Other" de		
				Section 4, (1	f), (n)		
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's policy			
	Verification						
	have read and understand FPF	PC Regulations 189	44.1 and 18942.	I have verified th	at the distribution set fo	orth above, is in accordance	
	with the requirements	Darlene Sa	anchez	Asst.	City Manager	03/21/22	
	Signature of Agency Head or Designe	e	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 Agrmnt: 7/1/161

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



**Agency Name** 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other 🔲 Income | If checking "Ceremonial Role" or "Other" describe below: Isabell, Claudia 4 Section 4, (n), (o) Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Banuelos, Freddie 4 Section 4, (n), (o) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Flores, Steven 4 Section 4, (f), (n) Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Benitez, Armando 2 Section 4, (n) Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** 

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