	gency Report of: eremonial Role Even	ts and Ticket/F		A Public Document			
1.	Agency Name				Date Stamp	California 802	
	City of Ontario						
	Division, Department, or Region (if applicable)				CITY CLER	For Official Use Only	
	Designated Agency Contact (Name, Title)						
	Scott Ochoa, City Manager				Amendment (M	flust Provide Explanation in Part 3.)	
	Area Code/Phone Number			_	,		
	909-395-2000 sochoa@ontarioca.gov				Date of Original Filing:(month, day, year)		
2.	2. Function or Event Information						
	Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Ea				Each Ticket/Pass S	\$ 67.00	
	Event Description: Ontario Reign vs. Colorado Eagles  Provide Title/ Explanation  Date(s) 10 /_				<u>, 11 , 19</u>		
	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No ☐ If no:						
					Name of Source		
	Was ticket distribution made	ĭ No □ II	If yes: Ochoa, Scott  Official's Name (Last, First)				
	of agency official?						
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.						
	Num			Tuentity an individual. Ose section of to identity an outside organization.			
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe th	ribe 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:		
	Valencia, Ruben		6	If check	Ceremonial Role Other Income I		
	<u>[</u>			1	nonial Role Othe king "Ceremonial Role" or "Othe	er Income Income C	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e the public purpose made pursuant to the agency's policy		
_	Verification //	<del>                                     </del>					
	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942.	l have verified t	that the distribution s	set forth above, is in accordance	
			tt Ochoa		City Manager	11/05/19	
	Signature of Agency Head or Design	nee P	rint 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; 7/1/16						