	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions		A Puł	olic Document	
1.	Agency Name City of Ontario				Sopate Stamp	California 802		
	Division, Department, or Region (if applicable)						For Official Use Only	
	Designated Agency Contact (Name, Title)							
	Scott Ochoa, City Manager	Amendment (M	lust Provide I	Explanation in Part 3)				
Area Code/Phone Number E-mail		E-mail						
	909-395-2000	sochoa@ontarioca	.gov		Date of Original Fili	ng:	onth, day, year)	
2.	unction or Event Information							
	_ ,	the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 67.00						
Event Description: Trans-Siberian Orchestra 7:30 p.m. Date(s) 11 / 30 / Provide Title/ Explanation					, 30 , 19			
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗆 I	f no:	Name of Source			
	Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Ochoa,				Scott Source			
	of agency official?	at the benest Yes [ă No □ '	yes	Official's Name (Last, F	irst)	•	
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, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made	pursuant t	o the agency's policy	
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of t	the followin	g:	
	Leon, Paul	12	Ceremonial Role Other Income Income Section 4, (I), (q)					
	Valencia, Ruben		6	Ceremonial Role Other Income Income Section 4, (I), (q)				
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy			
	Bob Hope USO Ontario 1940 Moore Way, Ontario,	CA 91761	4	Section 4, (c	s), (h)			
4.	Verification I have read and understand FP with the requirements.	PC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution s	et forth ab	ove, is in accordance	
	To the	ott Ochoa		City Manager		12/17/19		
	Signature of Agency Head or Design	ee 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							

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



Agency Name ty of Ontario							
Recipients							
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					
Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:					
Wapner, Alan	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 If checking "Ceremonial Role" or "Other" describe below:					
		Ceremonial Role Other 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					