Agency Re Ceremonia		ts and Ticket/	Pass Distr	ibutions		Public Document	
1. Agency Name					型 Pate Stamp	California Q02	
City of Onta	City of Ontario					Form OUZ	
Division, De	Division, Department, or Region (if applicable)					For Official Use Only	
Designated	Designated Agency Contact (Name, Title)						
Scott Ocho	Scott Ochoa, City Manager					Amendment (Must Provide Explanation in Part 3.)	
Area Code/F	Area Code/Phone Number E-mail				Amendment (wastr	Tovide Explanation III Part 3.)	
909-395-20	000	sochoa@ontario	a.gov		Date of Original Filing:	(month, day, year)	
2. Function	or Event Infor	mation					
Does the ag	gency have a ticl	ket policy? Yes	s⊠ No□ 「	Face Value of	Each Ticket/Pass \$ 67	7.00	
Event Desc	ription: Pepe Ag	uilar Gira 2019 Provide Title/ Exp			<u>, 13 , 19</u>		
Ticket(s)/Pa	ass(es) provided			f no:			
				f yes: Ochoa,	Name of Source		
Was ticket of agency		e at the behest Yes	s⊠ No□ ^I	f yes: Ochou,	Official's Name (Last, First)		
3. Recipier • Use Section		cy's department or unit.	• Use Section B to	identify an indivi	dual. • Use Section C to ident	tify an outside organization.	
A. N	ame of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy	
В.	Name of Indi	vidual	Number of Ticket(s)		Identify one of the f	ollowing:	
(Last, First)			of Ticket(s)/ Passes		identity one of the f	ollowing.	
Leon, Paul			6	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: 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 the public purpose made pursuant to the agency's policy			
		4					
4. Verification I have read a with the requirements	and understand FF	/ PC Regulations 189₄	14.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance	
with the regu	1		cott Ochoa		City Manager	01/06/20	
Signature of	Agency Head or Design		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; 7/1/16

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



gency Name		
y of Ontario Recipients		
-	nit. • 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:
Ochoa, Scott	6	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Section 4, (I), (q)
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income 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
8-		