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

Α	Pu	hl	ic	Do	CI	ım	ent

1. Agency Name	Date Stamp	California On 2				
City of Ontario		Form OUZ				
Division, Department, or Region (if applicable)		For Official Use Only				
				CITY CLERK'S DE		
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)					
Scott Ochoa, City Manager	Amandurant at :=	ROVD MARBO'22F				
Area Code/Phone Number E-mail	☐ Amendment (Must Provide Explanation in Part 3.)					
909-395-2000 sochoa@ontario	ca.gov		Date of Original Filing; _			
				(month, day, year)		
2. Function or Event Information				07.00		
Does the agency have a ticket policy? Ye	s 🔳 No 🔲 📙	Face Value of I	Each Ticket/Pass \$	67.00		
Event Description: Ontario Fury vs Kansas Ci	ty	Date(s)	27 , 22			
Provide Title/ Ex	planation	Jate(3)				
Ticket(s)/Pass(es) provided by agency? Ye	s∭ No□ I	f no:	<u> </u>			
		f yes: Ochoa,	Name of Source Scott			
Was ticket distribution made at the behest Ye	s 🔳 No 🗌 🏻 I	f yes:	Official's Name (Last, First)			
of agency official?			,,			
3. Recipients						
 Use Section A to identify the agency's department or unit. 	• Use Section R to	idantifu an individu	al Also Soction (to identify	on outside annulantion		
ose section A to identify the agency's department of unit.	Number	T Individu	ai. Ose section C to identify	an outside organization.		
A. Name of Agency, Department or Unit	of Ticket(s)/	Describe the	public purpose made purs	uant to the agency's policy		
	Passes					
B. Name of Individual	Number of Ticket(s)/	Identify one of the following:				
(Last, First)	Passes					
Volencie Duben			onial Role Other O	Income		
Valencia, Ruben	6	If checking "Ceremonial Role" or "Other" describe below:				
		Section 4, (f), (n)			
		Ceremonial Role Other Income Income				
		If checkin	ng "Ceremonial Role" or "Other" descr	ribe below:		
Name of Outside Organization	Number of Ticket(s)/					
(include address and description)	Passes	policy and purify purpose made pursuant to the agency's policy				
-						
4. Verification						
I have read and understand FPPC Regulations 1894	14 1 and 18042	have verified th	at the distribution set for	th shove is in accordance		
with the requirements.	and 10942. I	nave vermed til	at the distribution set fort	n above, is in accordance		
Scott Ochoz	1	City M	anager 03/21/22			
	Print Name	——————————————————————————————————————	Title			
Signature of Agency House of Designee	THIL NAME		liue	(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#