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

A Public Document

1.	Agency Name				Date Stamp	California OOO
	City of Ontario					Form OUL
	Division, Department, or Region (if applicable)					For Official Use Only
	Designated Agency Contact			1	KCVD DEC2122	
	Scott Ochoa, City Manager					
	Area Code/Phone Number			Amendment (Must Provide Explanation in Part 3.)		
	909-395-2000	sochoa@ontarioca	ca.gov		Date of Original Filing:	
						(month, day, year)
2.	Function or Event Infor	mation				07.00
	Does the agency have a tick	■ No □ F	ace Value of I	Each Ticket/Pass \$	67.00	
	Event Description: Ontario	ue Ignite	Date(s)/	, 22 , 22		
	Provide Title/ Explanation					
	Ticket(s)/Pass(es) provided by agency? Yes No ☐ If no:					
	Was ticket distribution made at the behest Yes ■ No □ If yes: Ocho			f yes: Ochoa,	Name of Source	
		No 🔲 🛚	yes:	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.					
	Number '			and the second s		
	A. Name of Agency, Department or Unit				ne public purpose made pursuant to the agency's policy	
			F 43363			
				-		
				1		
		Number				
	B. Name of Individual (Last, First)		of Ticket(s)/ Passes		Identify one of the following:	
			1 43363	Caram	onial Rala D	Income
	Wapner, Alan	Vapner, Alan		Ceremonial Role U Other U If checking "Ceremonial Role" or "Other" describe below:		
	•			Section 4, (f	f), (n)	
	-			-		1
					onial Role Other Income Income ing "Ceremonial Role" or "Other" describe below:	
	Name of Outside Organization		Number			
		(include address and description)		Describe the	public purpose made purs	suant to the agency's policy
	7.		Passes			
-	Verification /					
	have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance					
	have read and understand FPPC Regulations 18944.1 and 18942. I have verified the vith the requirements				iai the distribution set fo	πη apove, is in accordance
	TX1 11		City N	1anager	12/19/22	
	Signature of Agency Head or Designe	Scott Ochoa	int Name	—— City IV	Title	(month, day, year)
	Comment: All tickets provide	ed pursuant to Section	ons 3.5.1 & 3.	5.2 of the Con	nm. Events Center Op	perating Agrmnt; 7/1/16