_	eremonial Role Ever Agency Name	its and ricket/r	Date Stamp	Public Document  California		
•	City of Ontario				Date Starilp	Form 802
	Division, Department, or Region (if applicable)					For Official Use Only
	Designate IA 0 1 1					
	Designated Agency Contact				RCVD JANIB'25	
	Scott Ochoa, City Manager				Amendment (Must Pr	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	909-395-2000	sochoa@ontarioca	.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	rmation				
	Does the agency have a ticket policy? Yes ■ No □ Fac			Face Value of	Each Ticket/Pass \$	67.00
	Event Description: Disney on Ice 5:00 p.m.			Date(s) 12		1 1
	Tiplost/-\/D/\/\/D/	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	No 🔲 1	f no:	Name of Source		
	Was ticket distribution made at the behest Yes ■ No ☐ If yes: Ochoa			f yes: Ochoa,	Scott	
	of agency official?	INO []	. , ,	Official's Name (Last, First)		
3.	Pooiniente					
	Recipients  Use Section A to identify the age!					
		ncv's department or unit.	Use Section B to i	identify an individu	ial	zan outsida organization
			Use Section B to i	identify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Dep.				e public purpose made purs	
			Number of Ticket(s)/			
			Number of Ticket(s)/			
			Number of Ticket(s)/			
		artment or Unit	Number of Ticket(s)/			uant to the agency's policy
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes  Number of Ticket(s)/	Describe th	e public purpose made purs	uant to the agency's policy  Ilowing:
	A. Name of Agency, Dep.  B. Name of Indi (Last, Fir	artment or Unit	Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes	Describe th	e public purpose made purs  Identify one of the fo	uant to the agency's policy  Ilowing:
	A. Name of Agency, Dep.  B. Name of Indi (Last, Fir	artment or Unit	Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes	Cerem If check Section 4, (a	e public purpose made purs  Identify one of the fo	llowing:  Income
	A. Name of Agency, Dep.  B. Name of Indi (Last, Fir	ividual st)	Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes	Cerem If check Section 4, (a	Identify one of the following "Ceremonial Role" or "Other" descape, (n)	Illowing:  Income  Income  Income  Income  Income  Income  Income  Income  Income Inco

4.	Ma	vifi.	cation	

I have read and understand FPPC Regulations 18944.1 and 1894	. I have verified that the distribution set forth above, is in accordance
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with the requirements.

Scott Ochoa

City Manager

01/12/23

Signature of Agency Head or Designee

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