1	Agency Name				Date Stamp California O O	
••	City of Ontario				Form 802	
	Division, Department, or Region (if applicable)				For Official Use Only	
	Designated Agency Contact (Name, Title)					
	Scott Ochoa, City Manager				Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing:	
	Area Code/Phone Number   E-mail					
2.	Function or Event Infor	mation				67.00
	. ,				Each Ticket/Pass \$_	67.00
	Event Description: USA vs. Mexico Game Date(s) 09				, 10 , 23	
		Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:				Name of Source	
	Was ticket distribution made at the behest Yes ■ No □ If yes: Ochoa,				Scott	
	of agency official?				Official's Name (Last, First)	
_						
3.	Recipients • Use Section A to identify the agen	and damagement arresit a	Llas Costion D to i	dantifican individu	ual Alca Castian C to ident	ifu an outside exception
	• Use Section A to identify the agen	cy's department or unit.	Number	T	ial. Use section C to ident	ily an outside organization.
	A. Name of Agency, Depart	of Ticket(s)/	Describe th	Describe the public purpose made pursuant to the agency's policy		
	Approximation of the second					
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the	following:
	##			ı	nonial Role Other	
	Leon, Paul		2	1	sing "Ceremonial Role" or "Other" d	escribe below:
				Section 4, (		
	Saurada Manny			1	nonial Role Other C	
	Saucedo, Manny		6			escribe below.
			Number	Section 4, (	a), (II)	
	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		rsuant to the agency's policy
	*					
	-					

Comment: All tickets provided pursuant to Sections 3.5.1 & 3.5.2 of the Comm. Events Center Operating Agrmnt; 7/1/16

City Manager

Title

10/18/23

(month, day, year)

Signature of Agency Head or Designee

Scott Ochoa

Print Name