Ι.	Agency Name				Date Stamp	California OOO	
	City of Ontario				Form 802		
	Division, Department, or Region (if applicable)					For Official Use Only	
						OTP CLERKS D	
	Designated Agency Contact (Name, Title)					RGVD FEB22'24	
	Scott Ochoa, City Manager				Amondment (Must P	rovide Explanation in Part 3.)	
	Area Code/Phone Number E-mail				Amendment (mast )	Tovide Explanation III I alt 5.)	
	909-395-2000	sochoa@ontarioca	a.gov		Date of Original Filing:(month, day, year)		
2.	Function or Event Infor	mation				07.00	
					Each Ticket/Pass \$	67.00	
	Event Description: Catch you on the Rebound: Last Tour Date(s) 01			, 13 , 24	1 1		
	Provide Title/ Explanation						
	Ticket(s)/Pass(es) provided	by agency? Yes					
			Name of Source Scott				
	Was ticket distribution made at the behest Yes ■ No □ If yes: Ochoa,			Official's Name (Last, First)			
	of agency official?						
	Use Section A to identify the agency's department or unit.      Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	THE PLANE	escribe the public purpose made pursuant to the agency's policy		
	B. Name of Individual (Last, First)		Number of Ticket(s)/		Identify one of the following:		
	Sanchez, Darlene		Passes 8		nonial Role  Other  king "Ceremonial Role" or "Other" de	_	
	Huizar, Junior	izar, Junior			nonial Role  Other  Other  Other  Ching "Ceremonial Role" or "Other" de		
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	

Scott Ochoa

City Manager

02/22/24

Ignature of Agency Head or Designee

Print Name

Clear

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



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.							
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:					
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
Huizar, Val	3	Section 4, (n)					
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
Martinez, Vanessa	4	Section 4, (n)					
		Ceremonial Role Other 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					

Print

Clear