

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

A Public Document

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|--|--------------------------------|---|---|
| 1. Agency Name City of Ontario | | RECEIVED Date Stamp 19 MAY -7 PM 3:47 CITY OF ONTARIO CITY CLERK/RECORDS | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) | | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) |
| Designated Agency Contact (Name, Title) Scott Ochoa, City Manager | | | |
| Area Code/Phone Number 909-395-2000 | E-mail sochoa@ontarioca.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 67.00

Event Description: Ontario Reign vs. Tucson Date(s) 04 / 07 / 19
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Ochoa, Scott
Official's Name (Last, First)

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.

| 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| 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 |
| Ontario Heritage P.O. Box 1, Ontario, CA 91762 | 6 | Section 4, (c), (h) |

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

| | | | |
|--|---|---|--|
| _____ <small>Signature of Agency Head or Designee</small> | Scott Ochoa _____ <small>Print Name</small> | City Manager _____ <small>Title</small> | 05/06/19 _____ <small>(month, day, year)</small> |
|--|---|---|--|

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