	gency Report of: eremonial Role Even	ts and Ticket/I	Pass Distr	ibutions	IS A	Public Document
	Agency Name City of Ontario				Stamp Stamp Stamp	California 802
	Division, Department, or Region (if applicable)					For Official Use Only
	Designated Agency Contact (Name, Title)				Control	
	Scott Ochoa, City Manager Area Code/Phone Number	E-mail			Amendment (Must P	Provide Explanation in Part 3.)
	909-395-2000	sochoa@ontarioca	a.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	s ⊠ No ☐ Face Value of Each Ticket/Pass \$ 67.00			
	Event Description: Welcome		Festival		<u>, 20 , 19</u>	
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □ I	f no:	Name of Source	
	Was ticket distribution made at the behest Yes ☒ No ☐ If yes: O			f yes: Ochoa,	Name of Source Scott	
	of agency official?	at the benest Yes	⊠ No □ ''	yes	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department or unit.		identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	Leon, Paul		6	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Section 4, (I), (q)		
	Valencia, Ruben		6	Ceremonial Role Other Income Income Section 4, (I), (q)		
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
	James Hammond - OMSD 950 W. D St., Ontario, CA		4	Section 4, (h), (l)	
_ .	Verification					
	I have read and understand FP with the requirements.	PC Regulations 18944	1.1 and 18942.	l have verified t	hat the distribution set fo	rth above, is in accordance
			ott Ochoa		City Manager	10/09/19
_	Signature of Agency Head or Designation	ee P	rint Name	3, 3,	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**

3.



	N.							
Agency								
ty of On								
	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.							
Α.			Describe the public purpose made pursuant to the agency's policy					
		Passes						
В. —	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:					
Bowr	nan, Jim	9	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Section 4, (q)					
Ocho	a, Scott	13	Ceremonial Role Other Income Income Income Section 4, (I), (q)					
Trinid	ad, Victoria	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Section 4, (f), (h)					
•			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					
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