

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

A Public Document

<b>1. Agency Name</b>		Date Stamp 	<b>California Form 802</b> For Official Use Only
City of Ontario			<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title)		Date of Original Filing: _____ (month, day, year)	
Scott Ochoa, City Manager			
Area Code/Phone Number	E-mail		
909-395-2000	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. San Diego Gulls    Date(s) 10 / 23 / 21    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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:
Wapner, Alan	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Section 4, (f), (n)
		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

**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.

 Signature of Agency Head or Designee	Scott Ochoa Print Name	City Manager Title	11/24/21 (month, day, year)
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Comment: All tickets provided pursuant to Sections 3.5.1 & 3.5.2 of the Comm. Events Center Operating Aarmnt: 7/1/16+