Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name **A Public Document**

I. Agency Name				Date Stamp	California 802	
City of Ontario					TOITH	
vision, Department, or Region	pplicable)				For Official Use Only	
					CITY CLERK'S	
esignated Agency Contact (Nam	tle)				RCVD JUN25'2	
cott Ochoa, City Manager				Amendment (Must F	Provide Explanation in Part 3.)	
Area Code/Phone Number E-mail					,	
99-395-2000 so	sochoa@ontarioca.gov			Date of Original Filing:(month, day, year)		
unction or Event Informa	1				67.00	
Does the agency have a ticket policy? Yes				Each Ticket/Pass \$ _		
Event Description: Aventura			Date(s)	, 07 , 24	1 1	
one Becompaign.	Provide Title/ Explanati	ion				
cket(s)/Pass(es) provided by	ncy? Yes 🔳	No □ I	f no:	Name of Source		
as ticket distribution made at	hohoet v		f yes: Ochoa,	Scott		
as ticket distribution made at	Denest Yes	No □ .	. you	Official's Name (Last, First)		
agency official:						
Recipients						
Use Section A to identify the agency's	rtment or unit. • Use	e Section B to i	dentify an individu	ual. Use Section C to identi	fy an outside organization.	
A. Name of Agency, Department or Unit			Describe the public purpose made pursuant to the agency's p		rsuant to the agency's policy	
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:		
Valencia, Ruben		6		nonial Role Other Ming "Ceremonial Role" or "Other" de		
Landgrave, Gema		2	1	nonial Role Other Cking "Ceremonial Role" or "Other" de		
C. Name of Outside Organization (include address and description)					rsuant to the agency's policy	
erification	nulations 18944.1	and 18942.	I have verified i	that the distribution set f	forth above, is in accordance	
th the requirements.	Scott Ochoa				06/19/24	
Signature of Agency Head or Designee		Name		Title	(month, day, year)	
nave read and understand FPPC to the requirements.	Scott Ochoa	: Name	City I	Manager Title		