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

Agency Name				Date Stamp	California Q	
City of Ontario			I OIIII	4		
Division, Department, or Reg	ion (if applicable)					
					CITY GLERKS	s dFI
Designated Agency Contact (Name,Title)				RCVD JUL3"	24 M
Scott Ochoa, City Manager				Amendment (Must F	Provide Explanation in Part 3.)	\neg
Area Code/Phone Number	E-mail			-	,	
909-395-2000	sochoa@ontarioca.gov			Date of Original Filing:		
Function or Event Infor	mation				67.00	
Does the agency have a ticket policy? Yes ■ No □					07.00	
Event Description: The Gan	ne of Legends Masl	Style	ate(s) 06	<u>, 16 , 24 </u>	1 1	
	Provide Title/ Expla	nation	\-/			
Ticket(s)/Pass(es) provided	by agency? Yes			Managar A Carres		
Nac ticket distribution made	at the hebest of	■ If	ves. Ochoa,	Scott		
	at the benest Yes	■ No L ''	,	Official's Name (Last, First)		
or agency officials						
Recipients						
- ·	cy's department or unit.	Use Section B to i	dentify an individu	ual. Use Section C to identi	fy an outside organization.	
A 31 CA D 4 . 4 . 11 . 11			Describe th	e nublic nurnose made nu	rsuant to the agency's notice	v
A. Name of Agency, Department or Unit		Passes	Describe til	Describe the public purpose made pursuant to the agency's policy		,
		1				
B. Name of Individual (Last, First)		Number of Ticket(a)/	Identify one of the following:			
		Passes		identity one of the	ionowing.	
			1			•
Valenica, Ruben		2	1		escribe below:	
			Section 4, (f), (n)		
			Cerem	nonial Role Other	Income	•
Khukoyan, Karen		2	If check	king "Ceremonial Role" or "Other" de	escribe below:	
			Section 4, ((n), (o)		
Name of Outside Organization		Number of Ticket(a)/ Describ		the public nurpose made nursuant to the agency's policy		
(include address and description)		Passes	Describe til	e public purpose made pur	rsuant to the agency's ponc	,
-12						
Λ						
Verification 1//						
	PC Regulations 1894	4.1 and 18942.	I have verified t	that the distribution set f	forth above, is in accorda	nce
with the requirements					.,	-
THUL	Scott Ochoa	Manager	06/27/24			
Signature of Agency Head or Design	nee F	Print Name		Title	(month, day, yea	ar)
Signamie of Agency Head of Design						
Comment: All tickets provide			E 0 - f 4 - 0		,	10
	Designated Agency Contact (Scott Ochoa, City Manager Area Code/Phone Number 909-395-2000 Function or Event Information Does the agency have a ticket Description: Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? Recipients Use Section A to identify the agency A. Name of Agency, Department of Agency, Department of Agency, Recipients Name of Agency, Department of Agency, Recipients Valenica, Ruben Khukoyan, Karen C. Name of Outside Of (include address and Agency) Verification	Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Scott Ochoa, City Manager Area Code/Phone Number Sochoa@ontarioca Bog-395-2000 Sochoa@ontarioca Function or Event Information Does the agency have a ticket policy? Yes Event Description: The Game of Legends Masl Provide Title/ Expla Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest Yes of agency official? Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit B. Name of Individual (Last, First) Valenica, Ruben Khukoyan, Karen C. Name of Outside Organization (include address and description) Verification I have read and understand FPPC Regulations 1894 with the requirements Verification I have read and understand FPPC Regulations 1894 with the requirements	Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Scott Ochoa, City Manager Area Code/Phone Number E-mail sochoa@ontarioca.gov Function or Event Information Does the agency have a ticket policy? Yes No Fevent Description: The Game of Legends Masl Style Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If If If If If If If I	Designated Agency Contact (Name, Title) Scott Ochoa, City Manager Area Code/Phone Number 909-395-2000 Sochoa@ontarioca.gov	Designated Agency Contact (Name, Title) Scott Ochoa, City Manager Area Code/Phone Number 309-395-2000 Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$	Proceedings Process Process

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



gency Name				
Recipients				
Use Section A to identify the agency's department or unit		dentify 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 Income		
Cruz, Amber	2	Section 4, (n), (o)		
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
Lakhani, Danny	2	Section 4, (n), (o)		
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:		
Galvan, Marco	4	Section 4, (n)		
		Ceremonial Role Other Income 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		
		1		

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