Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp FICE

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description: The Backyard: Opening Night Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Was ticket distribution made at the behest Yes No If yes: Ochoa, Scott Official's Name (Last, First) 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 out Number of Ticket(s)/Passes Ceremonial Role Other Other Valencia, Ruben Other	67.00
Amendment (Must Provide E Area Code/Phone Number 909-395-2000 Sochoa@ontarioca.gov Date of Original Filing: (moi moi	RCVD AUG5'24 Explanation in Part 3.) onth, day, year) 67.00 //
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Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description: The Backyard: Opening Night Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Was ticket distribution made at the behest of agency official? 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 out of Ticket(s)/Passes B. Name of Agency, Department or Unit Number of Ticket(s)/Passes Name of Individual (Last, First) Number of Ticket(s)/Passes Name of Individual (Last, First) Number of Ticket(s)/Passes Ceremonial Role Other describe belowing Toeremonial Role Or *Other* describe belowing Toeremonial R	67.00
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B. Name of Individual (Last, First) of Ticket(s)/ Passes Identify one of the following States Identify Identify one of the following States Identify Identify one of the following Identify Iden	
Valenica, Ruben Ceremonial Role ☐ Other ☐ If checking "Ceremonial Role" or "Other" describe below	ng:
Valenica, Ruben 6 If checking "Ceremonial Role" or "Other" describe below	N. T.
Section 4, (f), (n)	Income elow:
Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe belo	Income
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	to the agency's policy

Signature of Agency Head or Designee Print Name 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