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

A Public Document

	Date Stamp	California Form **802**
		For Official Use Only

1. Agency Name

Ontario International Airport Authority

Division, Department, or Region *(if applicable)*

Designated Agency Contact *(Name, Title)*

Norma I. Alley, MMC, Board Clerk

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Area Code/Phone Number	**E-mail**
909-544-5307	clerk@flyontario.com

Date of Original Filing: _____ *(month, day, year)*

2. Function or Event Information

Does the agency have a ticket policy?   Yes ■   No ☐   Face Value of Each Ticket/Pass $ _____ 20

Event Description: __Ontario Reign vs San Jose Barracuda__   Date(s) _04_ / _06_ / _24_   ____ / ____ / ____
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?   Yes ■   No ☐   If no: _____
Name of Source

Was ticket distribution made at the behest   Yes ■   No ☐   If yes: **Elkadi, Atif** _____
of agency official?   *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
	Executive	3	Section 4 (r)

B.	Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
			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

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.

Norma I. Alley (signature)	Norma I. Alley	Board Clerk	04/01/2024
Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*

Comment: _____

Print   **Clear**

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)