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

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

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

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 $ _____ 119

Event Description: __USC vs UCLA Football__
Provide Title/ Explanation

Date(s) __11__ / __18__ / __23__   ___ / ___ / ___

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: __Elkadi, Atif__
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
Marketing Communications	4	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.

Signature of Agency Head or Designee	Norma I. Alley Print Name	Board Clerk Title	12/18/2023 *(month, day, year)*

Comment: _____

Print   **Clear**