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

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Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Norma I. Alley, MMC, Board Clerk Area Code/Phone Number E-mail Date of Original Filling: (if the contact of the cont	(month, day, year)
Designated Agency Contact (Name, Title) Norma I. Alley, MMC, Board Clerk Area Code/Phone Number E-mail Clerk@flyontario.com Date of Original Filing: (Interest of Original Filing: (Interest of Date of Original Filing: (Interest of Original	de Explanation in Part 3.) (month, day, year)
Norma I. Alley, MMC, Board Clerk Area Code/Phone Number E-mail	(month, day, year)
Norma I. Alley, MMC, Board Clerk Area Code/Phone Number E-mail	(month, day, year)
Area Code/Phone Number 909-544-5300	(month, day, year)
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description: RC Quakes vs. Modesto Nuts Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No from If no: Was ticket distribution made at the behest Yes No from If yes: Elkadi, Atif Official's Name (Last, First) 7. Name of Agency, Department or Unit Passes SBO 1. Name of Individual (Last, First) Number of Ticket(s)/Passes Position A to identify the agency's department or unit Passes Number of Ticket(s)/Passes SBO 1. Name of Individual (Last, First) Number of Ticket(s)/Passes Ceremonial Role Other Ceremo	
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B. Name of Individual (Last, First) of Ticket(s)/ Passes Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe to the company of the follows of the	
If checking "Ceremonial Role" or "Other" describe	wing:
	Income Income
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes Describe the public purpose made pursuant	nt 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 a with the requirements.	above, is in accordance
Norma I. Alley Board Clerk	05/07/24
Signature of Agency Head or Designee Print Name Title	
Comment:	(month, day, year)