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

| C | eremonial Role Ever | nts and Ticket/P | ass Distril | outions | Α | Public Document | |
|----|---|-------------------------------|---|----------------|--|------------------------------|--|
| 1. | Agency Name Ontario International Airport Authority | | | Date Stamp | California Form 802 | | |
| | | | | | | | |
| | Division, Department, or Region (if applicable) | | | | For Official Use Only | | |
| | Designated Agency Contact (Name, Title) | | | | - | | |
| | | | | | | | |
| | Norma Alley, MMC, Board Clerk Area Code/Phone Number E-mail | | | | Amendment (Must Provide Explanation in Part 3.) | | |
| | 909-544-5307 | clerk@flyontario.cc | om | | 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 \$ | 17 | |
| | Event Description: <u>RC Quakes vs. Lake Elsinore Storm</u> Date(s) <u>07</u> | | | | , 19 , 202 4 | | |
| | | Provide Title/ Expla | // | / | | | |
| | Ticket(s)/Pass(es) provided by agency? Yes 🔳 No 🔲 If no: | | | Name of Source | | | |
| | Was ticket distribution mad | e at the behest voc l | Atif | | | | |
| | of agency official? | | | | Official's Name (Last, First) | | |
| | | | | | | | |
| 3. | | ual Also Soction C to identif | a an outsido organization | | | | |
| | | Number | lentify an individual. Use Section C to identify an outside organization. | | | | |
| | A. Name of Agency, Department or Unit | | of Ticket(s)/ Passes | Describe the | Describe the public purpose made pursuant to the agency's policy | | |
| | Human Resources | | 4 | r | | | |
| | | | 4 | | | | |
| | | | | | | | |
| | B. Name of Individual | | Number of Ticket(s)/ | | Identify one of the f | ollowing | |
| | (Last, First) | | Passes | | | enering. | |
| | | | | | nonial Role DOther C | - | |
| | | | | ii chee | | | |
| | | | | Cerer | nonial Role 🗌 Other 🗌 | | |
| | | | | | king "Ceremonial Role" or "Other" de | | |
| | | | Number | | | | |
| | C. Name of Outside ((include address an | | of Ticket(s)/ Passes | Describe tl | ne public purpose made pur | suant to the agency's policy | |

4. Verification

Print

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 A. Alley | Norma I. Alley, MMC | Board Clerk | August 3/2024 |
|--------------------------------------|---------------------|-------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| Comment: | | | |

Clear

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