

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

**A Public Document**

<b>1. Agency Name</b> Ontario International Airport Authority Division, Department, or Region (if applicable)		Date Stamp	<b>California Form 802</b> For Official Use Only
Designated Agency Contact (Name, Title) Norma I. Alley, MMC, Board Clerk		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 909-544-5307	E-mail 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 \$ \_\_\_\_\_ 14

Event Description: USC MBB vs UCLA Parking    Date(s) 01 / 27 / 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 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>B. Name of Individual (Last, First)</b> <b>Number of Ticket(s)/ Passes</b> <b>Identify one of the following:</b>		
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.*

 <small>Signature of Agency Head or Designee</small>	Norma I. Alley <small>Print Name</small>	Board Clerk <small>Title</small>	03/15/2024 <small>(month, day, year)</small>
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Comment: \_\_\_\_\_