

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

**A Public Document**

|   |                                |   |   |
|---|--------------------------------|---|---|
| <b>1. Agency Name</b><br>Ontario International Airport Authority            |                                | Date Stamp  | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)                             |                                |   |   |
| Designated Agency Contact (Name, Title)<br>Norma I. Alley, MMC, Board Clerk |                                | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><br>Date of Original Filing: _____<br>(month, day, year) |   |
| Area Code/Phone Number<br>909-544-5307                                      | E-mail<br>clerk@flyontario.com |   |   |

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 30

Event Description: Ontario Reign vs Abbotsford Canucks    Date(s) 03 / 03 / 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   |
|---|-----------------------------|--|
| Revenue Management  | 49                          | Section 4 (r)  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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.

Norma I. Alley    Norma I. Alley    Board Clerk    03/15/2024  
Signature of Agency Head or Designee    Print Name    Title    (month, day, year)

Comment: \_\_\_\_\_

**Print**    **Clear**