

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 17

Event Description: RC Quakes vs. Lake Elsinore Storm Date(s) 07 / 20 / 2024

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
MarComm	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"/> <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.

<i>Norma I. Alley</i>	Norma I. Alley, MMC	Board Clerk	August 3/2024
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____