## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions		A Public Document		
1. Agency Name	Date Stamp	California Form	202	
Ontario International Airport Authority		Form	002	

١.	Agency Name				Date Stamp	California 802	
	Ontario International Airport Authority				1 01111		
	Division, Department, or Region (if applicable)				For Official Use Only		
	Designated Agency Contact	(Name,Title)					
	Norma I. Alley, MMC, Board Clerk  Area Code/Phone Number   E-mail			Amendment (Must Pi	rovide Explanation in Part 3.)		
	909-544-5307 clerk@flyontario.com			Date of Original Filing:			
_	Function or Event Infor	mation			,,	(monus, day, your)	
٤.			■ No 🖂 - E	Face Value of	Each Ticket/Pass \$	17	
	Event Description: RC Qual	Provide Title/ Explai	nation [	Date(s)	, 21 , 23		
	Ticket(s)/Pass(es) provided			f no:			
			_				
	Was ticket distribution made	at the behest Yes	■ No 🗆 📙	f yes: Elkadi,	Official's Name (Last, First)		
	of agency official?				, .,		
3.	Recipients						
	Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	dentify an individu	ual. 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		suant to the agency's policy	
	Marketing/Communications		2	Section 4 (r)			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:  nonial Role  Other  Income  In		
	-			Ceren	nonial Role  Other  desking "Ceremonial Role" or "Other" des	Income 🔲	
	Name of Outside O		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy	
_	No wife a select						
ŧ.	Verification I have read and understand FP	PC-Regulations 18944	.1 and 18942	I have verified	that the distribution set fo	orth above is in accordance	
	with the requirements.	guidions 10944	und 10072.	. Have verilled	arac are aleanbadori sel 10	rur above, is ill accordance	
	Norma I. Alley Board			d Clerk	08/14/2023		
	Signature of Agency Head or Designee Print Name			Title	(month, day, year)		
	Comment:						