## **Agency Report of:**

C	eremonial Role Even	ts and Ticket/F	Pass Distr	ibutions	<u> </u>	Public Document	
1.	Agency Name				Date Stamp	Colifornia	
	Ontario International Airpor	t Authority				Form 802	
	Division, Department, or Reg				For Official Use Only		
	Designated Agency Contact (Name, Title)						
	Norma I. Alley, MMC, Board	d Clerk TE-mail			Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number				·		
	909-544-5307 clerk@flyontario.co		om 		Date of Original Filing:(month, day, year)		
2.	. Function or Event Information						
	Does the agency have a tick		ace Value of	Each Ticket/Pass \$ _	17		
	Event Description: RC Qua	Storm	Date(s) 06	, 23 , 23			
	Provide Title/ Explanation  Ticket(s)/Pass(es) provided by agency? Yes No □ If no:						
				If yes: Elkadi, Atif			
	Was ticket distribution made	■ No 🗆 🛚 II	yes:	Official's Name (Last, First)			
	of agency official?						
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 th	cribe the public purpose made pursuant to the agency's policy		
	Marketing/Communications		2	Section 4 (r	Section 4 (r)		
	-						
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:		
				1	nonial Role  Other  or "Other" de	I III III III	
				1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	ribe the public purpose made pursuant to the agency's policy		
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	Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance.						
	nave read and understand FPI with the requirements.	.1 and 18942. I	have verified t	hat the distribution set fo	orth above, is in accordance		
	Norma I. Alley Signature of Agency Head or Designee  Print			Board	d Clerk	08/14/2023	
		rint Name		Title	(month, day, year)		
	Comment:						