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

A Public Document

1.	Agency Name				Date Stamp	California OOO	
	Ontario International Airport Authority					Form OU	
	Division, Department, or Region (if applicable)					For Official Use Only	
	Designated Agency Contact (Name, Title)						
	Norma I. Alley, MMC, Board Clerk			Amondment (Mark D.			
	Area Code/Phone Number E-mail				Amendment (Must Pro	ovide Explanation in Part 3.)	
	909-544-5307 clerk@flyontario.cd		om		Date of Original Filing:		
_	Function on Front Info					(month, day, year)	
2.	Function or Event Information						
Does the agency have a ticket policy? Yes ■ No □ Face Value of Each Ticket/Pass \$ _						119	
Event Description: USC Football vs Utah Date(s) 10 , 21 , 23					21 / 23		
Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no: Name of Source							
	Was ticket distribution made	at the behest Voc.		If year. Elkadi, Atif			
Was ticket distribution made at the behest Yes No No If yes: Elkaui, Atil Official's Name (Last, First) 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 Executive		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
			4	Section 4 (r)			
	- Non-Al-E	Number					
	B. Name of Individual (Last, First)		of Ticket(s)/ Passes	Identify one of the following:			
					Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
					onial Role Other on "Other" descri	Income Debe below:	
	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			
	-						
l. Verification							
	I have read and understand FPI with the requirements.	ve read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance the requirements.					
	Norma 1. allei	/	Board	Clerk	09/08/2023		
Signature of Agency Head or Designee Print Name					Title	(month, day, year)	
Comment:							