

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 10

Event Description: Orange County Fair Parking    Date(s) 08 / 11 / 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 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  |
|--|-----------------------------|---|
| Executive  | 2                           | Section 4 (r)   |
|  |                             |   |
| B. Name of Individual<br><small><i>(Last, First)</i></small>                               | 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><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> |
|  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> |
|  |                             |   |
| C. Name of Outside Organization<br><small><i>(include address and description)</i></small> | 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
Board Clerk
09/08/2023  
Signature of Agency Head or Designee      Print Name      Title      *(month, day, year)*

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