

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 69

Event Description: 49ers vs Rams \_\_\_\_\_ Date(s) 09 / 17 / 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   | 5                           | Section 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"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| 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.

 Norma I. Alley Board Clerk 9/20/2023  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

**Print Clear**