

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

Ontario International Airport Authority (OIAA)

Division, Department, or Region (if applicable)

Street Address

1923 E Avion St, Ontario, CA 91710

Area Code/Phone Number

909-544-5300

Email

aelkadi@flyontario.com

Agency Contact (name and title)

Atif Elkadi

Date

OIAA CLERK'S OFFICE
RCVD JAN 18 2:22AM '18

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual N/A Last Name N/A First Name Other Fox Sports College Properties Name
PO Box 55437 Los Angeles CA 90074
Address City State Zip Code

Sponsorship & Marketing

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

N/A Name \$ 0.00 Amount N/A Name \$ 0.00 Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Notre Dame, IN

October 12 - 13, 2019

Location of Travel

Dates (month, day, year)

Charter Flight

Transportation Provider

Rail Air Bus Auto Other

Hotel

Name of Lodging Facility

\$ 169.00

\$ 0.00

\$ 2,420.00

\$ 250.00

\$ 2,839.00

Lodging Expenses

Meal Expenses

Transportation Expenses

Other Expenses

Total Expenses

3.1 (b) Payment(s) not related to travel:

N/A

\$ 0.00

Dates (month, day, year)

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Travel to Notre Dame, Indiana per contractual agreement for promotion of Ontario International Airport's business operations, management, marketing, economic development, and job creation opportunities.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Wapner Alan President OIAA Commission
Last Name First Name Position/Title Department/Division
N/A N/A N/A N/A
Last Name First Name Position/Title Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature Atif Elkadi Deputy CEO 01/27/22
Print Name Title (month, day, year)

Comment: Travel provided pursuant to marketing contract between the OIAA and Fox Sports College Properties.

(Use this space or an attachment for any additional information)