

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

A Public Document

DIAA CLERK'S OFFICE
RCVD JAN 23 AM 9:42

1. Agency Name		Date Stamp	California Form 802
Ontario International Airport Authority		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	For Official Use Only
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title)			
Atif Elkadi, Chief Executive Officer		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
909-544-5300	aelkadi@flyontario.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 14

Event Description: Parking: USC Vs Oregon State Date(s) 12 / 2 / 2022

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
Marketing	2	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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

Signature of Agency Head or Designee	Atif Elkadi Print Name	CEO Title	01/04/2023 (month, day, year)
--------------------------------------	---------------------------	--------------	----------------------------------

Comment: _____