

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

**A Public Document**

**1. Agency Name**

Ontario International Airport Authority  
 Division, Department, or Region (if applicable)  
 Designated Agency Contact (Name, Title)  
 Atif Elkadi, Chief Executive Officer  
 Area Code/Phone Number | E-mail  
 909-544-5300 | aelkadi@flyontario.com

Date Stamp  
 California Form **802**  
 For Official Use Only  
 Amendment (Must Provide Explanation in Part 3.)  
 Date of Original Filing: \_\_\_\_\_  
 (month, day, year)

**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 Auburn Date(s) 12 / 18 / 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.

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

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