gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions	(144	Public Document
Agency Name Ontario International Airport Division, Department, or Reg	Authority on (# epplicable)	OLER NDU Sylamb	For Official Use Only		
•	ecutive Officer E-mail	com			rovide Explanation in Part 3.) (month, day, year)
Does the agency have a ticket Description: Ontario	ket policy? Yes Provide Title! Explain by agency? Yes	Eagles Dation If	ate(s)	, 07 , 2021	35.00
A. Name of Agency, Depa		Use Section 8 to k Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	·
B. Name of Indi		A Number of Ticket(s)/ Passes	Section 4,	(N) (O)	ollowing:
					-
					Income I
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy	
City of Ontario, 303 E. B St., Ontario, CA		4	Section 4,	(b)	
with the requirements.	Atif Elkadi				1 1
	Ontario International Airport Division, Department, or Regi Designated Agency Contact (Atif Elkadi, Deputy Chief Ex Area Code/Phone Number 909-544-5300 Function or Event Inform Does the agency have a tick Event Description: Ontario Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? Recipients • Use Section A to Identify the agent A. Name of Agency, Depart Risk Management Security B. Name of India (Last, Final India (Last, Final India Include address and India Include address and India Include India	Ontario International Airport Authority Division, Department, or Region (il epplicable) Designated Agency Contact (Name, Title) Atif Elkadi, Deputy Chief Executive Officer Area Code/Phone Number E-mail aelkadi@flyontario. Function or Event Information Does the agency have a ticket policy? Yes Event Description: Ontario Reign vs Colorado Provide Title/ Explai Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest Yes of agency official? Recipients *Use Section A to Identify the agency's department or unit. A. Name of Agency, Department or Unit Risk Management Security B. Name of Individual (Last, First) C. Name of Outside Organization (include address and description) City of Ontario, 303 E. B St., Ontario, CA Verification I have read and understand FPPC Regulations 18944 with the requirements. Atif Elkadi	Ontario International Airport Authority Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Atif Elkadi, Deputy Chief Executive Officer Area Code/Phone Number 909-544-5300	Ontario International Airport Authority Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Atif Elkadi, Deputy Chief Executive Officer Area Code/Phone Number E-mail aelkadi@flyontario.com Function or Event Information Does the agency have a ticket policy? Yes No Date(s) Face Value of Event Description: Ontario Reign vs Colorado Eagles Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: If yes: Elkadi, of agency official? Recipients - Use Section A to Identify the agencys department or unit. Use Section B to Identify an Individual Number of Ticket(s)/ Passes Risk Management	Agency Name Ontario International Airport Authority Division, Department, or Region (#applicable) Designated Agency Contact (Neme, Title) Attif Elikadi, Deputy Chief Executive Officer Area Code/Phone Number 909-544-5300 Does the agency have a ticket policy? Yes No Date of Original Filings. Event Description: Ontario Reign vs Colorado Eagles Provide Tries Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Was ticket distribution made at the behest Yes No If yes: Elikadi, Attif Official's Name of Source Reciplents - Use Section A to identify the agency's department or unit. *Use Section 9 to identify an individual. *Use Section C to identify All Management A. Name of Agency, Department or Unit of Thicket(y) Peasure Risk Management 4 Section 4, (n) (o) Security 4 Section 4, (n) (o) B. Name of Individual (Lass, Frinz) All Finds All Management C. Name of Outside Organization (include address and description) C. Name of Outside Organization (include address and description) C. Name of Outside Organization (include address and description) C. Name of Outside Organization (include address and description) C. Name of Outside Organization (include address and description) All Elikadi Deputy Chief Executive Of Ticket(y) Individual (Include address and descriptions) All Elikadi Deputy Chief Executive Of Ticket(y) Peasure All Elikadi Deputy Chief Executive Of Ticket(y) Peasure All Elikadi Deputy Chief Executive Of Ticket(y) Print Name Ticket(y) Of Ticket(y)

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



Name of Agency, Department or Unit	Number of Ticket(s)/ Passes 4	Describe the public purpose made pursuant to the agency's policy Section 4, (n) (o) Section 4, (n) (o)
ance	4	Section 4, (n) (o)
		· · · · · · · · · · · · · · · · · · ·
Name of Individual (Last, First)	Number of Ticket(e)/ Passos	Identify one of the following:
		Ceremonial Role Other Income I
		Ceremonial Role Other Income I
		Ceremonial Role Other Income Income Income Income Income
·		Ceremonial Role Other Income I
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
 		·
		_
	Name of Outside Organization (include address and description)	Name of Outside Organization of Ticket(s)/

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