

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 Stamp

SEALED OFFICE  
Clerk's Office  
RWD JAN 18 2021 9:16

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 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 Amount N/A Name Amount

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

3.1 (a) Travel Payment

Notre Dame, IN

Location of Travel

October 23-24, 2021

Dates (month, day, year)

Charter Flight

Transportation Provider

Rail Air Bus Auto Other

Check Applicable Boxes

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)