

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

A Public Document

1. Agency Name		DATE CLERK'S OFFICE RCVD JAN 12 2023 9:45	Date Stamp	California Form 802
Ontario International Airport Authority			For Official Use Only	
Division, Department, or Region <i>(if applicable)</i>				
Designated Agency Contact <i>(Name, Title)</i>				
Atif Elkadi, Chief Executive Officer		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>		
Area Code/Phone Number	E-mail	Date of Original Filing: _____		
909-544-5300	aelkadi@flyontario.com	<i>(month, day, year)</i>		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 82

Event Description: Basketball: USC vs Auburn Date(s) 12 / 18 / 2023

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	4	Section 4 (r)
B. Name of Individual <small>(Last, First)</small>	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 <small>(include address and description)</small>	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.

_____ <small>Signature of Agency Head or Designee</small>	Atif Elkadi _____ <small>Print Name</small>	CEO _____ <small>Title</small>	01/04/2023 _____ <small>(month, day, year)</small>
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Comment: _____