

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

A Public Document

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|---|----------------------------------|--|---|
| 1. Agency Name Ontario International Airport Authority Division, Department, or Region (if applicable) | | Date Stamp DIA CLERK'S OFFICE RCVD JAN 13 10:58 AM 11:30 | California Form 802 For Official Use Only |
| Designated Agency Contact (Name, Title) Atif Elkadi, Chief Executive Officer | | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) |
| Area Code/Phone Number 909-544-5300 | E-mail aelkadi@flyontario.com | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 120

Event Description: LA Kings v Devils Date(s) 01 / 14 / 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: Atif Elkadi
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 |
|---|-----------------------------|--|
| Executive | 4 | 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 |
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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 _____ Chief Executive Officer _____ 1/27/2023
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____