Last Name PO Box 55437  Los Angeles  ddress  City  Sponsorship & Marketing  "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 N/A  Name  Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.4  1.1 (a) Travel Payment  Charter Flight  Transportation Provider  Check Applicable Boxes  169.00  Lodging Expenses  First Name  Los Angeles  City  N/A  N/A  N/A  Payment of each source and the amount N/A  N/A  Rail  Air  Check Applicable Boxes  Supplied Boxes	Other  Fox Sports Coll  College State  Fox Sports Coll  Name  3.3)	Form For Official Use Only  (explain in comment section)  Filing:  (month, day, year)  ege Properties  Name A 90074  tte Zip Code
Street Address  1923 E Avion St, Ontario, CA 91710  Area Code/Phone Number  909-544-5300  Agency Contact (name and title)  Atif Elkadi  Conor Name and Address  Individual N/A  Last Name PO Box 55437  Los Angeles  Sponsorship & Marketing  *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 of the provider of the pro	Other  Fox Sports Coll  Sta  Date of Original F  Other  One Sta  Ount(s) received by the don  Name  3.3)  One Sta	Form For Official Use Only  For Official Use Only  For Official Use Only  For Official Use Only  Filing:  (month, day, year)  ege Properties  Name A 90074  the Zip Code  or for this payment:  \$\frac{0.00}{Amount}\$  Ctober 12 - 13, 2019  Dates (month, day, year)  otel  Name of Lodging Facility
Street Address  1923 E Avion St, Ontario, CA 91710  Area Code/Phone Number  909-544-5300  Agency Contact (name and title)  Atif Elkadi  Conor Name and Address  Individual N/A  Last Name PO Box 55437  Los Angeles  City  Sponsorship & Marketing  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  N/A  Name  Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.4  Anount  Charter Flight  Transportation Provider  Check Applicable Boxes  169.00  Lodging Expenses  Street Address  Email  aelkadi@flyontario.com  N/A  N/A  First Name  Los Angeles  City  Sponsorship & Marketing  O.00  N/A  Name  Amount  Check Applicable Boxes  \$ 2,420.00  Transportation Expenses	Amendment Date of Original F  Other  Fox Sports Coll  Sta  ount(s) received by the don  Name  3.3)  O  Auto Other He	ege Properties  Name A 90074  the Zip Code  or for this payment:  \$\frac{0.00}{Amount}\$  Ctober 12 - 13, 2019  Dates (month, day, year)  otel  Name of Lodging Facility
Area Code/Phone Number   Email   aelkadi@flyontario.com   Agency Contact (name and title)   Atif Elkadi   Donor Name and Address   N/A	Other  Fox Sports Coll  Sta  Bunt(s) received by the don  Name  3.3)  Other  Auto Other	ege Properties  Name A 90074  Ite Zip Code  or for this payment:  \$\frac{0.00}{Amount}\$  Ctober 12 - 13, 2019  Dates (month, day, year)  otel  Name of Lodging Facility
Area Code/Phone Number 909-544-5300  Agency Contact (name and title)  Atif Elkadi  Conor Name and Address  Individual N/A  Last Name PO Box 55437  Los Angeles  City  Sponsorship & Marketing  "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 N/A  Name  Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.1 (a) Travel Payment  Charter Flight  Transportation Provider  Sponsorship & Marketing  N/A  Name  N/A  Name  Notre Dame, IN  Location of Travel  Check Applicable Boxes  \$ 2,420.00  Transportation Expenses	Other  Fox Sports Coll  Control  Sta  Date of Original F	ege Properties  Name A 90074  Ite Zip Code  or for this payment:  \$\frac{0.00}{Amount}\$  Ctober 12 - 13, 2019  Dates (month, day, year)  otel  Name of Lodging Facility
Actif Elkadi  Donor Name and Address  Individual N/A N/A  Last Name First Name PO Box 55437 Los Angeles  City  Sponsorship & Marketing  *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  N/A Source and the amount  Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.1 (a) Travel Payment  Charter Flight  Transportation Provider  Location of Travel  Check Applicable Boxes  \$ 0.00	Other  Fox Sports Coll  Control  Sta  Date of Original F	ege Properties  Name A 90074  Ite Zip Code  or for this payment:  \$\frac{0.00}{Amount}\$  Ctober 12 - 13, 2019  Dates (month, day, year)  otel  Name of Lodging Facility
Agency Contact (name and title) Atif Elkadi  Donor Name and Address  Individual N/A N/A  Last Name First Name PO Box 55437 Los Angeles  didress City  Sponsorship & Marketing  "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  N/A Source Source and the amount  Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.1 (a) Travel Payment  Charter Flight  Transportation Provider  Check Applicable Boxes  169.00  Lodging Expenses  N/A N/A  N/A N/A  Notre Dame, IN  Check Applicable Boxes  \$2,420.00  Transportation Expenses	Other  Fox Sports Coll  Control  Sta  Date of Original F	ege Properties  Name A 90074  Ite Zip Code  or for this payment:  \$\frac{0.00}{Amount}\$  Ctober 12 - 13, 2019  Dates (month, day, year)  otel  Name of Lodging Facility
Atif Elkadi  Conor Name and Address  Individual N/A	Other Fox Sports Coll Control State  Fox Sports Coll Control State  State  Fox Sports Coll Control State Fox Sports Coll Fox Sports Col	ege Properties  Name A 90074  Ite Zip Code  or for this payment:  \$\frac{0.00}{Amount}\$  Ctober 12 - 13, 2019  Dates (month, day, year)  otel  Name of Lodging Facility
Individual    N/A	ount(s) received by the don  Name  3.3)  Auto Other He	Name A 90074  ate Zip Code  or for this payment:  \$\frac{0.00}{Amount}\$  ctober 12 - 13, 2019  Dates (month, day, year)  otel  Name of Lodging Facility
Last Name PO Box 55437 Los Angeles  City  Sponsorship & Marketing  "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  N/A  Name Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.4  Anount  Notre Dame, IN  Location of Travel  Charter Flight Transportation Provider  Check Applicable Boxes  169.00  Lodging Expenses  Source and the amount  N/A  Name Amount  Check Applicable Boxes  Source and the amount  N/A  Rail  Air  Check Applicable Boxes  Source and the amount  N/A  Name  Amount  Check Applicable Boxes  Source and the amount  N/A  Notre Dame, IN  Location of Travel  Check Applicable Boxes  Source and the amount  N/A  Notre Dame, IN  Location of Travel  Check Applicable Boxes  Source and the amount  N/A  Notre Dame, IN  Location of Travel  Check Applicable Boxes  Source and the amount  N/A  Notre Dame, IN  Location of Travel  Check Applicable Boxes  Source and the amount  N/A  Notre Dame, IN  Location of Travel  Check Applicable Boxes  Source and the amount  N/A  Notre Dame, IN  Location of Travel  Check Applicable Boxes  Source and the amount  N/A  Notre Dame, IN  Location of Travel  Check Applicable Boxes  Source and the amount  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	ount(s) received by the don  Name  3.3)  Auto Other He	Name A 90074  ate Zip Code  or for this payment:  \$\frac{0.00}{Amount}\$  ctober 12 - 13, 2019  Dates (month, day, year)  otel  Name of Lodging Facility
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Sponsorship & Marketing  "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 N/A  Name  Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.1 (a) Travel Payment  Charter Flight  Transportation Provider  Solution of Travel  Check Applicable Boxes	Standard Sta	or for this payment:  \$\frac{0.00}{Amount}\$  Ctober 12 - 13, 2019  Dates (month, day, year)  Ottel  Name of Lodging Facility
If applicable, identify the name of each source and the amount N/A  Name  Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.1 (a) Travel Payment  Charter Flight  Transportation Provider  Source and the amount N/A  Note Dame, IN  Location of Travel  Charter Flight  Transportation Provider  Source and the amount N/A  Note Dame, IN  Location of Travel  Check Applicable Boxes  Source and the amount N/A  Amount  Note Dame, IN  Location of Travel  Check Applicable Boxes  Source and the amount N/A  Amount  Note Dame, IN  Location of Travel  Check Applicable Boxes  Source and the amount N/A  Amount  Note Dame, IN  Location of Travel  Check Applicable Boxes  Source and the amount N/A  Meal Expenses	Name  3.3)  O  Auto Other He	\$\frac{0.00}{Amount}\$  ctober 12 - 13, 2019  Dates (month, day, year)  otel  Name of Lodging Facility
If applicable, identify the name of each source and the amount N/A  Name  Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.1 (a) Travel Payment  Charter Flight  Transportation Provider  State of the sections 3.1 (a or b), 3.2, 3.1 (a) Travel Dame, IN  Location of Travel  Charter Flight  Transportation Provider  State of the sections 3.1 (a or b), 3.2, 3.1 (a) Travel Dame, IN  Location of Travel  Check Applicable Boxes  State of the sections 3.1 (a or b), 3.2, 3.1 (a) Transportation Expenses	Name  3.3)  O  Auto Other He	\$\frac{0.00}{Amount}\$  ctober 12 - 13, 2019  Dates (month, day, year)  otel  Name of Lodging Facility
N/A  Name  Solution  Name  Note Dame, IN  Location of Travel  Charter Flight  Transportation Provider  Location of Travel  Charter Flight  Transportation Provider  Location of Travel  Check Applicable Boxes  Location of Travel  Check Applicable Boxes  Solution  Meal Expenses  Solution  Meal Expenses	Name  3.3)  O  Auto Other He	\$\frac{0.00}{Amount}\$  ctober 12 - 13, 2019  Dates (month, day, year)  otel  Name of Lodging Facility
N/A  Name  Solution  Name  Note Dame, IN  Location of Travel  Charter Flight  Transportation Provider  Location of Travel  Charter Flight  Transportation Provider  Location of Travel  Check Applicable Boxes  Location of Travel  Check Applicable Boxes  Solution  Meal Expenses  Solution  Meal Expenses	Name  3.3)  O  Auto Other He	\$\frac{0.00}{Amount}\$  ctober 12 - 13, 2019  Dates (month, day, year)  otel  Name of Lodging Facility
Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.4.1 (a) Travel Payment  Charter Flight  Transportation Provider  Location of Travel  Check Applicable Boxes  169.00  Lodging Expenses  Amount  Amount  Amount  Amount  Amount  Amount  Aransportation S.1.2, 3.4.2.3  Air Bus Check Applicable Boxes  \$ 2,420.00  Transportation Expenses	3.3) <u>O</u> Other Ho	Amount  ctober 12 - 13, 2019  Dates (month, day, year)  otel  Name of Lodging Facility
Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.1.  Notre Dame, IN  Location of Travel  Charter Flight  Transportation Provider  Transportation Provider  Solution Of Travel  Air Bus Check Applicable Boxes  Solution Of Travel  Charter Flight  Transportation Provider  Meal Expenses  Solution Of Travel  Charter Flight  Transportation Provider  Solution Of Travel  Charter Flight  Transportation Expenses	3.3) <u>O</u> Other Ho	Dates (month, day, year)  Dates (month, day, year)  Otel  Name of Lodging Facility
Notre Dame, IN  Location of Travel  Charter Flight  Transportation Provider  Air Bus Check Applicable Boxes  169.00  Lodging Expenses  Notre Dame, IN  Location of Travel  Air Bus Check Applicable Boxes  \$ 2,420.00 Transportation Expenses	O	Dates (month, day, year)  Otel  Name of Lodging Facility
Charter Flight  Transportation Provider  Tansportation Provider  State	☐ Auto ☐ Other H	Dates (month, day, year)  Otel  Name of Lodging Facility
Charter Flight  Transportation Provider  Check Applicable Boxes  Check Applicable Boxes  Check Applicable Boxes  Air Bus  Check Applicable Boxes  State Check Applicable Boxes  Air Bus  Check Applicable Boxes  Transportation Expenses		Name of Lodging Facility
Transportation Provider  Check Applicable Boxes  169.00  Lodging Expenses  Check Applicable Boxes  \$ 2,420.00  Transportation Expenses		Name of Lodging Facility
\$\frac{169.00}{\text{Lodging Expenses}}\$\$ \$\frac{0.00}{\text{Meal Expenses}}\$\$ \$\frac{5.00}{\text{Transportation Expenses}}\$\$	250.00	
Lodging Expenses Meal Expenses Transportation Expenses		/ 8.39 HU
	SOther Expenses	\$Total Expenses
.1 (b) Payment(s) not related to travel: N/A	<b>\$</b> 0.	00
	(month, day, year)	Total Expenses
.2. Payment Description. Provide a specific description of the Travel to Notre Dame, Indiana per contractual agreement Airport's business operations, management, marketing, exportunities.	t for promotion of O economic developme	ntario International
.3. Identify the officials who used the payment in Section 3.1 (S	See instructions)	
Vapner Alan Presid		OIAA Commission
Last Name First Name	Position/Title	Department/Division
I/A N/A N/A		N/A
Last Name First Name	Position/Title	Department/Division
erification		
authorized the acceptance of the reported payment(s) as in complian	ince with EDDC regulation	ons.
Atif Elkadi	ince with the diegolatic	
Aui Linaui	Deputy CEO	01/27/22