

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 of Filing

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 N/A First Name N/A 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 \$ 0.00 Amount N/A Name \$ 0.00 Amount

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

3.1 (a) Travel Payment

Boulder, Colorado

Location of Travel

October 2 - 3, 2021

Dates (month, day, year)

Charter Flight

Transportation Provider

Rail Air Bus Auto Other

Check Applicable Boxes

Hotel

Name of Lodging Facility

\$ 119.00

\$ 0.00

\$ 1,894.00

\$ 130.00

\$ 2,143.00

Lodging Expenses

Meal Expenses

Transportation Expenses

Other Expenses

Total Expenses

3.1 (b) Payment(s) not related to travel:

N/A

Dates (month, day, year)

\$ 0.00

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Travel to Boulder, Colorado, 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

Last Name

Alan

First Name

President

Position/Title

OIAA Commission

Department/Division

N/A

Last Name

N/A

First Name

N/A

Position/Title

N/A

Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

[Signature]
Signature

Atif Elkadi

Print Name

Deputy CEO

Title

01/27/22

(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)

DIAA CLERK'S OFFICE
RCVD JAN 19 09:22AM 9:16