| Agency Name Ontario International Airport Authority (OIAA) California Form 80 | ayment to Agency F | Report | A Public Do | cument | t Sã | 3 | PAYMENT TO AGENCY REP |
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| Ontario International Airport Authority (OIAA) Division, Department, or Region (frapticable) Street Address S | . Agency Name | | | | | 4 | NAME OF TAXABLE PARTY. |
| Street Address Stre | Ontario International Airpo | ort Authority (OIAA) | | | eming her | 2 | |
| 1923 E Avion St, Ontario, CA 91710 Area Code/Phone Number Email aelikadi@flyontario.com Date of Original Filing: Amendment (explain in comment section) Date of Original Filing: | Division, Department, or Re | gion (if applicable) | | | Carlos Gas | r _{eq} uel h _e | For Official Use Only |
| 1923 E Avion St, Ontario, CA 91710 Area Code/Phone Number Email aelikadi@flyontario.com Date of Original Filing: Amendment (explain in comment section) Date of Original Filing: | | | | | feering free free free free free free free fre | 5 | |
| Area Code/Phone Number 909-544-5300 Belladi@flyontario.com Date of Original Filing: Amendment (explain in comment section) Date of Original Filing: | Street Address | | | | 'cope' hall | karı | |
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| Agency Contact (name and stite) Atif Elkadi Date of Original Filing: | | | | | | | |
| Agency Contact (name and stele) Attif Elikadi Donor Name and Address | 909-544-5300 | aelkadi@flvontari | o.com | | ☐ Amendme | ent (explain in | comment section) |
| Addiff Elikadi Donor Name and Address | Agency Contact (name and title | | | | Date of Origin | al Filing: | |
| Donor Name and Address Individual N/A | · | , | | | Ů | | (month, day, year) |
| Individual N/A Last Name First Name Los Angeles CA 90074 | | | | | | | |
| District Last Name PO Box 55437 | | | | | F 0 | | 41 |
| PO Box 55437 Los Angeles 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 Notre Dame, IN Location of Travel Charter Flight Transportation Provider Check Applicable Boxes \$189.00 \$2.420.00 \$2.420.00 \$2.420.00 \$2.420.00 \$2.420.00 \$2.420.00 \$3.1 (b) Payment(s) not related to travel: N/A 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. B.3. Identify the officials who used the payment in Section 3.1 (See instructions) Wapner Last Name First Name First Name First Name First Name Position/Title Department/Division Atif Elkadi Deputy CEO 01/27/22 | | | | Other | Fox Sports C | | |
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| Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Notre Dame, IN | N/A | g 0.00 | N | /A | | | 0.00 |
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| Notre Dame, IN Charter Flight | Payment Information (| Complete Section | s 3 1 (a or b) 3 | 2 3 3) | | | |
| Charter Flight Rail Air Bus Auto Other Hotel Name of Lodging Facility Second Se | | | | L, 0.0 <i>)</i> | | October | 23_24 2021 |
| Charter Flight Transportation Provider | on (a) maverrayment | | | | * 0 | | |
| Transportation Provider Same of Lodging Expenses Same of Lodging Facility | Charter Flight | | | | | | tes (month, day, year) |
| \$\frac{169.00}{\text{Lodging Expenses}}\$\frac{\text{\$0.00}}{\text{Meal Expenses}}\$\frac{\text{\$2,420.00}}{\text{Transportation Expenses}}\$\frac{\text{\$250.00}}{\text{Other Expenses}}\$\frac{\text{\$2839.00}}{\text{Total Expenses}}\$ 3.1 (b) Payment(s) not related to travel: \[\text{N/A} \] \[\text{Dates (month, day, year)}\$\] \[\text{Total Expenses} \] 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 Last Name First Name Position/Title Department/Division Verification authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. O1/27/22 | | [] Rail | | | Other | | ne of Lodging Eacility |
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| Signature | | Atif Elkadi | | Deput | y CEO | | 01/27/22 |
| | Signature | P | rint Name | | | | _ |
| | | | | n the OIA | and Fox Spo | orts Colleg | je Properties. |
| 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) | Secules space of an attachment t | ur anv aggitional informat | (IOD) | | | | |