

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 61.00

Event Description: USC vs. UCLA Date(s) 11 / 20 / 2021  
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 Department   | 4                           | Section 4, (n) (o)   |
| <b>B. Name of Individual (Last, First)</b>                               |                             |  |
|  | Number of Ticket(s)/ Passes | Identify one of the following:   |
|  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| <b>C. Name of Outside Organization (include address and description)</b> |                             |  |
|  | 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.*

|   |                           |   |                                       |
|---|---------------------------|---|---------------------------------------|
| <br>Signature of Agency Head or Designee | Atif Elkadi<br>Print Name | Deputy Chief Executive Officer<br>Title | <u>11/20/21</u><br>(month, day, year) |
|---|---------------------------|---|---------------------------------------|

Comment: \_\_\_\_\_