

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 Stamp

OIAA CLERK'S OFFICE  
RCVD JAN 18 2 22AM 9:16

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  Other Fox Sports College Properties Name

PO Box 55437 Address Los Angeles City CA State 90074 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

Notre Dame, IN Location of Travel

October 23-24, 2021 Dates (month, day, year)

Charter Flight Transportation Provider

Rail  Air  Bus  Auto  Other

Hotel Name of Lodging Facility

\$ 169.00 Lodging Expenses

\$ 0.00 Meal Expenses

\$ 2,420.00 Transportation Expenses

\$ 250.00 Other Expenses

\$ 2,839.00 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 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 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)