

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

A Public Document

1. Agency Name Ontario International Airport Authority		Date Stamp DATA CLERK'S OFFICE RCVD JAN 13 22 PM 1:50	California Form 802
Division, Department, or Region (if applicable)			For Official Use Only
Designated Agency Contact (Name, Title) Atif Elkadi, Deputy Chief Executive Officer			<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)
Area Code/Phone Number 909-544-5300	E-mail aelkadi@flyontario.com	Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 28

Event Description: Ontario Reign vs. Henderson Silver NIS Date(s) 12 / 31 / 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
Clerk's Department	7	Section 4 (n)(o)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	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.

 Signature of Agency Head or Designee	Atif Elkadi Print Name	Deputy Chief Executive Officer Title	1/28/2022 (month, day, year)
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Comment: _____