

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
Ontario International Airport Authority			For Official Use Only
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title)			OIAA CLERK'S OFFICE
Atif Elkadi, Chief Executive Officer			RCVD JUN15'22 PM1:27
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
909-544-5300	aelkadi@flyontario.com	Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 75

Event Description: Chargers vs. Browns Date(s) 10 / 10 / 2021

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: 2

Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Elkadi, Atif

Official's Name (Last, First)

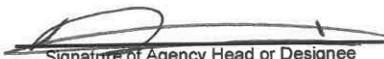
3. Recipients

• 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
Executive Office	2	Section 4 (a)
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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.


Atif Elkadi
CEO
6/15/2022

Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____