

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

A Public Document

1. Agency Name

Ontario International Airport Authority
Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Atif Elkadi, Chief Executive Officer

Area Code/Phone Number

909-544-5300

E-mail

aelkadi@flyontario.com

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California Form **802**

For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

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 \$ _____ 18

Event Description: Ontario Reign vs. San Diego Gulls Date(s) 11 / 13 / 2022
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: 12
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
	Finance	4	Section 4 (o)
	City of Ontario IT	8	Section 4 (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"/> <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 _____ 11/21/2022
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Print

Clear