

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

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A Public Document

California Form **802**

For Official Use Only

1. Agency Name

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

Designated Agency Contact (Name, Title)

Atif Elkadi, Deputy Chief Executive Officer

Area Code/Phone Number

909-544-5300

E-mail

aelkadi@flyontario.com

Date

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 \$ _____ 82

Event Description: USC vs Arizona Date(s) 2022 / 03 / 01
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	3	Section 4 (p)
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.

Signature of Agency Head or Designee

Atif Elkadi

Print Name

Deputy CEO

Title

3/10/2022
(month, day, year)

Comment: _____

Print

Clear