

# 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

Date of Stamp

DIAA CLERK'S OFFICE  
RCVD JAN 17 2 28AM '22

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 \$ \_\_\_\_\_ 14

Event Description: Parking: USC vs Cal State Fullerton Date(s) 12 / 07 / 2022

*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: Atif Elkadi  
*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	4	Section 4 (r)
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.

 \_\_\_\_\_ Atif Elkadi \_\_\_\_\_ Chief Executive Officer \_\_\_\_\_ 1/17/2023  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

**Print** **Clear**