

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

A Public Document

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| | | | |
|---|------------------------|--|----------------------------|
| 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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small> | |
| Atif Elkadi, Chief Executive Officer | | | |
| Area Code/Phone Number | E-mail | | |
| 909-544-5300 | aelkadi@flyontario.com | | |

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 Auburn Date(s) 12 / 18 / 2023

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 | 2 | 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"/> <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 | 01/04/2023 |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(month, day, year)</small> |

Comment: _____