

**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		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	For Official Use Only
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 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 \$ _____ 82

Event Description: Basketball: USC vs Colorado Date(s) 01 / 12 / 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: 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"/> <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	Chief Executive Officer	1/20/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____