## STATE SAME SO **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document Date Stamp 1. Agency Name California Ontario International Airport Authority Form Division, Department, or Region (if applicable) For Official Use Only **Designated Agency Contact (Name, Title)** Atif Elkadi, Chief Executive Officer Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 909-544-5300 aelkadi@flyontario.com Date of Original Filing: . (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ . Yes ■ No □ Event Description: Angels vs. Yankees Date(s) \_\_8 Provide Title/ Explanation If no: Brewery X Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: \_ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Executive Section 4 (r) 2 Marketing Section 4 (r) 2 Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other $\square$ Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 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** 09/01/2022 ature of Agency Head or Designee Print Name (month, day, year) Comment:

Agency Report of: