	gency Report of: eremonial Role Even	nts and Ticket/F		A Public Document			
_	Agency Name Ontario International Airport Authority				L'allieto Stomp	California OOO	
					PCUD JANA	Form 802	
	Division, Department, or Reg				궁금	For Official Use Only	
					4 5		
	Designated Agency Contact (Name, Title)				ment parent parent		
	Atif Elkadi, Chief Executive Officer				Amondment (14)		
	Area Code/Phone Number			Amendment (Mu	Amendment (Must Provide Explanation in Part 3.)		
	909-544-5300	09-544-5300 aelkadi@flyontario			Date of Original Filing:(month, day, year)		
2.	2. Function or Event Information						
	Does the agency have a ticket policy? Yes			Face Value of	Each Ticket/Pass \$	82	
	Event Description: USC vs Notre Dame Date(s			Date(s) 11	(s) 11 , 25 , 202 2		
	Provide Title/ Explanation						
	Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:				Name of Source		
	Was ticket distribution made at the behest Yes ■ No □ If yes:			Atif			
	of agency official?	■ No□ .	NO Cofficial'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.						
	Num						
	A. Name of Agency, Depa	of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy			
	Executive		4	Section 4 (o)			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:		
	-				nonial Role Other		
					nonial Role Other king "Ceremonial Role" or "Other		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes		ne public purpose made pursuant to the agency's policy		
<u> </u>	Verification		I.				
	I have read and understand FP with the requirements.	PC Regulations 18944	.1 and 18942.	l have verified t	that the distribution se	t forth above, is in accordance	
	A		CEO		01/04/2023		
	Signature of Agency Head or Design	ee P	rint Name		Title	(month, day, year)	
	Comment:						