Di Di	rea Code/Phone Number	ion (if applicable) (Name, Title) Officer			Date:Stamp	Public Document California 802	
De	esignated Agency Contact (Atif Elkadi, Chief Executive rea Code/Phone Number	(Name, Title) Officer			Date:Stamp		
	Atif Elkadi, Chief Executive rea Code/Phone Number	Officer			RCD		
	rea Code/Phone Number		Atif Elkadi, Chief Executive Officer				
Ā	09-544-5300	Area Code/Phone Number E-mail			Amendment (Must F	Provide Explanation in Part 3.)	
90	909-544-5300 aelkadi@flyontario.		com		Date of Original Filing:(month, day, year)		
2. F	Function or Event Information						
	Does the agency have a ticket policy? Yes			Face Value of Each Ticket/Pass \$82			
E	Event Description: Basketball: USC Vs Oregon State Provide Title/ Explanation Date(s) 12				, 2 , 2022		
Ti	Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:				Name of Source		
	Was ticket distribution made at the behest Yes of agency official?			f yes: Elkadi, Atif Official's Name (Last, First)			
	Recipients Use Section A to identify the agen	cy's department or unit. • l	Jse Section B to	identify an individu	ual. Use Section C to identif	y an outside organization.	
7	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e the public purpose made pursuant to the agency's policy		
-	Marketing		4	Section 4 (r	ection 4 (r)		
E	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:		
-					nonial Role		
-				1	onial Role Other ing "Ceremonial Role" or "Other" des		
-	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			
-						·	
l h	erification have read and understand FPI th the requirements.	PC Regulations 18944.	1 and 18942.	I have verified t	hat the distribution set fo	rth above, is in accordance	
****	A	Atif Elkadi		CEO		01/04/2023	
	Signature of Agency Head or Designation Omment:	De Pri	nt Name		Title	(month, day, year)	