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

**A Public Document**

## 1. Agency Name

Ontario International Airport Authority

**Division, Department, or Region** *(if applicable)*

**Designated Agency Contact** *(Name,Title)*

Marilyn Bonus, Commission Clerk

| Area Code/Phone Number | E-mail |
|---|---|
| 909-544-5307 | clerk@flyontario.com |

Date Stamp

**California Form 802**

For Official Use Only

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

**Date of Original Filing:** _____ *(month, day, year)*

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ■ No ☐

Face Value of Each Ticket/Pass $ 170.00

Event Description: ONT Tower Buzzer vs. Grizzlies
*Provide Title/ Explanation*

Date(s) 04/18/2026 04/18/2026

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 |
|---|---|---|
| Executive Division | 15 | Section (r) |
| | | |

| B. Name of Individual *(Last, First)* | Number of Ticket(s)/ Passes | Identify one of the following: |
|---|---|---|
| Wapner, Alan | 1 | Ceremonial Role ☐ Other ■ Income ☐<br>*If checking "Ceremonial Role" or "Other" describe below:*<br>Section (r) |
| | | Ceremonial Role ☐ Other ☐ Income ☐<br>*If checking "Ceremonial Role" or "Other" describe below:* |

| 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.*

| Signature of Agency Head or Designee | Print Name | Title | *(month, day, year)* |
|---|---|---|---|
| Marilyn Bonus | Marilyn Bonus | Commission Clerk | |

Comment: _____

Print Clear