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)*

Marilyn Bonus, Commission Clerk

Designated Agency Contact *(Name,Title)*

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 $ $15-$59

Event Description: Orange County Fair Event *Provide Title/ Explanation*

Date(s) 08/01/2026 ____ 08/31/2026 ____

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
Human Resources Division	6	Section (r)
Information Technology & Security	10	Section (r)
B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
Wapner, Alan	5	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Section (r)
Hagman, Curt	10	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Section (r)
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	09/02/2026

Comment: _____

Print **Clear**

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Continuation Sheet

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Agency Name

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

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *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

Print Clear