

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

A Public Document

1. Agency Name Orange County Board of Supervisors		Date Stamp RECEIVED 2025 DEC -9 PM 4:32 CLERK OF THE BOARD COUNTY OF ORANGE BOARD OF SUPERVISORS	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Second District			
Designated Agency Contact (Name, Title) Carlos Valenzuela			
Area Code/Phone Number 714-834-3220	E-mail carlos.valenzuela@ocgov.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	Date of Original Filing: 12/09/2025 (month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 150.00

Event Description: Orange County Black Chamber of Commerce Date(s) 10/16/2025
Provide Title/ Explanation

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: _____
Official's Name (Last, First)

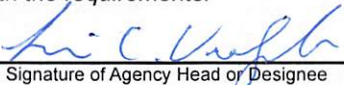
3. Recipients

• 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
Orange County Second District Staff	1	To reward a school or nonprofit organization for its contributions to the community.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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	Carlos Valenzuela Print Name	Policy Advisor	12/09/2025 (month, day, year)
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Comment: _____

Print

Clear