

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

A Public Document

1. Agency Name Orange County Board of Supervisors 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		Date Stamp RECEIVED 2025 DEC 15 AM 7:09 CLERK OF THE BOARD COUNTY OF ORANGE BOARD OF SUPERVISORS <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: 12/12/2025 (month, day, year)	California Form 802 For Official Use Only
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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ _____ \$150
Event Description: Orange County Business Council Ecov Date(s) 10/30/2025
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)

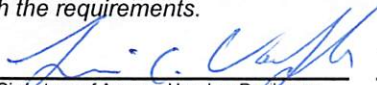
3. Recipients

• 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	3	To promote intergovernmental relations and cooperation and coordination of resources with other governmental
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.

	Carlos Valenzuela	Policy Advisor	12/12/2025
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

Print

Clear