

**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

California
Form

802

For Official Use Only

2025 DEC 15 AM 7:09

CLERK OF THE BOARD
COUNTY OF ORANGE
BOARD OF SUPERVISORS

Amendment (Must Provide Explanation in Part 3.)

12/12/2025

Date of Original Filing: 12/12/2025
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 150

Event Description: Orange County Business Council Econ + 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 Yes No If yes: _____
Official's Name (Last, First)
of agency official?

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 <input checked="" type="checkbox"/>		
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"/> If checking "Ceremonial Role" or "Other" describe below:		
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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.



Carlos Valenzuela

Signature of Agency Head or Designee

Print Name

Policy Advisor

12/12/2025

Title

(month, day, year)

Comment: _____

Print

Clear