

**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

2026 JAN 12 PM 4:17

CLERK OF THE BOARD

BOARD OF SUPERVISORS

Amendment. (Must Provide Explanation in Part 3.)

01/12/2026

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 \$ 25

Event Description: Forum discussing the State of Journalism  
Provide Title/ Explanation Date(s) 01/20/2026

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: \_\_\_\_\_  
of agency official? Official's Name (Last, First)

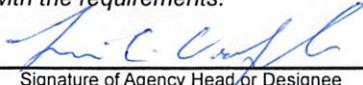
**3. Recipients**

• 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 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"/> 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.



Signature of Agency Head or Designee

Carlos Valenzuela

Print Name

Policy Advisor

Title

01/12/2026

(month, day, year)

Comment: \_\_\_\_\_

**Print**

**Clear**