

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

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Date Stamp

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CLERK OF THE BOARD

BOARD OF SUPERVISORS

California Form 802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: 01/12/2026

(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 Date(s) 01/20/2026

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 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