

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
County of Orange		Received Clerk of the Board 5/1/2026 9:05 AM	For Official Use Only
Division, Department, or Region (if applicable)			
Board of Supervisors, Third District			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>4/30/26</u> <small>(month, day, year)</small>	
AI Tello, Field Representative			
Area Code/Phone Number	E-mail		
714-834-3330	al.tello@bos3.oc.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 250

Event Description: Anaheim Chamber Luncheon Date(s) 05 / 01 / 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
Third Supervisorial District staff	1	County Ticket Distribution Policy, Section 1(C)(1)(g)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Supervisor Donald P. Wagner	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Invocation
		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.

	AI Tello	Field Representative	04/30/2026
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

Print
Clear