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	E-mail
714-834-3220	carlos.valenzuela@ocgov.com

Date Stamp: RECEIVED CLERK OF THE BOARD JUN 24 2026

California Form 802

For Official Use Only

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Date of Original Filing: 06/24/2026 *(month, day, year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ■ No ☐ Face Value of Each Ticket/Pass $ $125.00

Event Description: Inter Academy Rockers Gala Night *Provide Title/ Explanation* Date(s) 06/19/2026

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, support or show appreciation for programs or services rendered by charitable and non-profit

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *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	Print Name	Title	(month, day, year)
	Carlos Valenzuela	Policy Advisor	06/23/2026

Comment: _____

Print Clear