

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 CLERK OF THE BOARD AUG 25 2026 ☐ Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: 08/25/2026 (month, day, year)	California Form 802 For Official Use Only
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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \$75.00
Event Description: Taskmakers of Orange County Date(s) 09/03/2026
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)

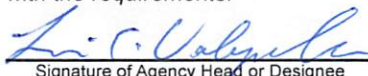
3. Recipients

• 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	2	To reward a school or nonprofit organization for its contributions to the community.
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.

 Carlos Valenzuela Policy Advisor 08/25/2026
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Print

Clear