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

A Public Document

1. Agency Name

County of Orange

Division, Department, or Region *(if applicable)*

Board of Supervisors, Third District

Designated Agency Contact *(Name, Title)*

Tara Campbell, Chief of Staff

Area Code/Phone Number	**E-mail**
714-834-3330	tara.campbell@bos3.oc.gov

Date Stamp

Received
Clerk of the Board
8/3/2026 3:38 PM

California Form **802**

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

Date of Original Filing: 08/03/2026 *(month, day, year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ■ No ☐ Face Value of Each Ticket/Pass $ $100

Event Description: Pageant of the Masters *Provide Title/ Explanation* Date(s) 08 / 26 / 2026 ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■ If no: City of Laguna Beach *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	4	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:
		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	Tara Campbell (Print Name)	Chief of Staff (Title)	08/03/2026 *(month, day, year)*

Comment: _____

Print Clear