

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

A Public Document

|                                                                                         |                                     |                                                                                                                                       |                                                        |
|-----------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>1. Agency Name</b><br>County of Orange                                               |                                     | Date Stamp<br>Received<br>Clerk of the Board<br>8/3/2026 3:38 PM                                                                      | California<br>Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Board of Supervisors, Third District |                                     |                                                                                                                                       |                                                        |
| Designated Agency Contact (Name, Title)<br>Tara Campbell, Chief of Staff                |                                     | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br>Date of Original Filing: 08/03/2026<br>(month, day, year) |                                                        |
| Area Code/Phone Number<br>714-834-3330                                                  | E-mail<br>tara.campbell@bos3.oc.gov |                                                                                                                                       |                                                        |

**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 Date(s) 08 / 26 / 2026  
Provide Title/Explanation

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)

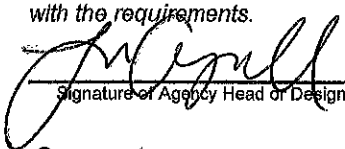
**3. Recipients**

• 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                                                   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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.

|                                                                                     |               |                |                    |
|-------------------------------------------------------------------------------------|---------------|----------------|--------------------|
|  | Tara Campbell | Chief of Staff | 08/03/2026         |
| Signature of Agency Head or Designee                                                | Print Name    | Title          | (month, day, year) |

Comment: \_\_\_\_\_

Print

Clear