

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

A Public Document

1. Agency Name		Date Stamp RECEIVED CLERK OF THE BOARD AUG 25 2025	California Form 802 For Official Use Only
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 (714) 834-3330	E-mail donald.wagner@ocgov.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>8/25/2025</u> (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 31

Event Description: Angels Game Date(s) 07/27/2025
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Angels Baseball LP
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

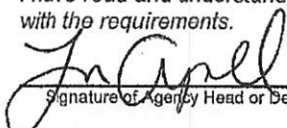
3. Recipients

• 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	6	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	0	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Throwing out first pitch.
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.

 Tara Campbell Chief of Staff 8/25/2025
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Print

Clear

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