

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

A Public Document

1. Agency Name County of Orange		Date Stamp	California Form 802 For Official Use Only
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	☐ Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: 9/2/2025 (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 156.50

Event Description: Circle S Ranch Rodeo Date(s) 08/30/2025
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Circle S Ranch
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	1	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	1	Ceremonial Role ☒ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below: Grand Marshal
		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

9/2/2025
(month, day, year)

Comment: _____

Print

Clear