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

A Public Document

1. Agency Name

OC Health Care Agency

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

Behavioral Health Services

Designated Agency Contact *(Name, Title)*

Xyanya Garza

Area Code/Phone Number

657-461-6691

E-mail

xgarza@ochca.com

Date Stamp

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California Form 802

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

Date of Original Filing: 8/15/2025 *(month, day, year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ■ No ☐

Face Value of Each Ticket/Pass $ $10.00 - $25.00

Event Description: Angels Baseball Games *Provide Title/ Explanation*

Date(s) 08/15/2025 09/22/2025

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: Given under contract with 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
OC Health Care Agency, Behavioral Health Services	1525	Purpose is to raise awareness, engage the community, and encourage education and participation in program

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 | Veronica Kelley Print Name | Director Title | 9/23/25 *(month, day, year)*

Comment: _____

Print Clear