Agency Report of:

C	eremonial Role Even	ts and Ticket/P	ass Distri	butions	A	Public Document
1.	Agency Name			D	Date Stamp	California 802
	County of Orange					
	Division, Department, or Region (if applicable)				- 17 DM 2-16	For Official Use Only
	Board of Superivosrs District 1 2025 0				CT 17 PM 3: 46	
	Designated Agency Contact (Name, Title)				RK of THE BOARD	
	Charles "Chuck" Hahn, Chief of Staff			CO	Amendment (Must Pr	ovide Explanation in Part 3.)
	rea Code/Phone Number E-mail			ROY	KO Dr. Sur Ellerice	
	714.834.3110 charles.hahn@ocg		ov.com		Date of Original Filing:	
2.	Function or Event Information					
	Does the agency have a tick	■ No□ F	ace Value of	Each Ticket/Pass \$	300 each	
	Event Description: Citizens	N-12	Date(s) <u>09/17/2025</u>			
	Provide Title/ Explanation			Jale(S)		
	Ticket(s)/Pass(es) provided	■ No□ If				
	MALE MELLET MELLET MELLET FOR		Name of Source			
	Was ticket distribution made	□ No ■ I	f yes: ———	Official's Name (Last, First)		
	of agency official?					
	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, Depart	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
	County Executive Office		2	To facilitate the attendance of a County official at an event where the job dutiesof the		
			County official require or support an official's attendance at the event.			
	B. Name of Indi	Number of Ticket(s)/ Passes	Identify one of the following:			
	A I Main and the				nonial Role Other Other	Income _
	Aguirre, Michelle		1	1	king "Ceremonial Role" or "Other" des	
	-			Supervisor	Janet Nguyen's Guest	
	Supervisor Janet Nguyen		1	1	nonial Role  Other  Other  Manager  Other  Other  Manager  Other  Other	Income L
	Supervisor Janet Nguyen				ks and accept award	
			Number	Olvo Tollial	no and accept award	
	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
4.	Verification					
	I have read and understand FP	PC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set fo	rth above, is in accordance
	with the requirements.					
	Charle Hal	uck" Hahn	Chie	f of Staff - District 1	10/17/2025	
	Signature of Agency Head or Design	ee F	Print Name		Title	(month, day, year)
	Commont:					
	Comment:					