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

A Public Document

1. Agency Name

County Executive Office

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

Designated Agency Contact *(Name, Title)*

Nadine Romero, Executive Secretary

Area Code/Phone Number	E-mail
714-834-6201	nadine.romero@ceo.oc.gov

Date Stamp

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COUNTY OF ORANGE
BOARD OF SUPERVISORS

California Form 802

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

Date of Original Filing: _____ *(month, day, year)*

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 135.00

Event Description: Southern California Water Coalition An *Provide Title/ Explanation*

Date(s) 10/23/2025

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

If no: Southern California Water Coalition *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
First District Supervisorial Office	1	To promote intergovernmental relations... Policy §G(1)(C)(1)(o)
Third District Supervisorial Office	2	To promote intergovernmental relations... Policy §G(1)(C)(1)(o)

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	Print Name	Title	(month, day, year)
Digitally signed by Nadine Romero Date: 2025.10.17 09:10:41 -07'00'	Nadine Romero	Executive Secretary	10/17/25

Comment: _____

Print Clear