

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

**A Public Document**

<b>1. Agency Name</b>		<b>Date Stamp</b>	<b>California Form 802</b>
City of Anaheim			For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title)			
Tarisa Calato, Ticket Administor Designee		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____	
714-765-8993 8983	tcalato@anaheim.net	(Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 205.00

Event Description Angels vs. White Sox    Date(s) 04 / 02 / 21

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Angel Stadium

Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: Valencia, Avelino, Council Member

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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Ruiz, Robert	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <b>5.3(e) Attracting or rewarding volunteer public service.</b>
		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)/Pass(es)	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.

 <small>Signature of Agency Head or Designee</small>	Tarisa Calato <small>Print Name</small>	TAD <small>Title</small>	4-2-21 <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_