

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

A Public Document

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

**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. Dodgers Date(s) 05 / 08 / 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 <small><i>(Last, First)</i></small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Porras, Serina	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> <b>e) Attracting or rewarding volunteer public service.</b>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small><i>(include address and description)</i></small>	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.*

\_\_\_\_\_  
*Signature of Agency Head or Designee*

Tarisa Calato  
*Print Name*

\_\_\_\_\_  
*Title*

TAD  
*(Month, Day, Year)*