

**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> For Official Use Only
City of Anaheim			
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: _____ (Month, Day, Year)	
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. White Sox    Date(s) 04 / 03 / 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)

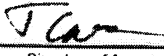
**3. Recipients**

• 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:
Conde, Ernie Amado	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.

	Tarisa Calato	TAD	4-3-21
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_\_