Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Newport-Mesa Unified School District For Official Use Only Division, Department, or Region (if applicable) **Education Services Designated Agency Contact** (Name, Title) Mike Sciacca, Director, Secondary Education Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . msciacca@nmusd.us 714-424-7544 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes No 🗆 Event Description: Angels Baseball Game Date(s) 05 , 13 , 2024 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 🗆 Name of Source If yes: Detemple, Tom Was ticket distribution made at the behest Yes ■ No □ 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Newport-Mesa Unified School District Employee and family event at the Los Angeles Angels 750 Stadium to watch a baseball game. Classified employees Newport-Mesa Unified School District Employee and family event at the Los Angeles Angels 750 Certificated employees Stadium to watch a baseball game. Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Other  $\square$ Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) 4. Verification

I have read and understand FPPC Re	gulations 18944.1 and 18942.	I have verified that the distribution set forth above	e, is in accordance
with the requirements.			
with the requirements.  Signature of Agency Head or Designee	Kerrie Torres	Asst. Superintendent Seconda	03/28/2024
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Newport-Mesa Unified School District For Official Use Only Division, Department, or Region (if applicable) **Education Services Designated Agency Contact** (Name, Title) Mike Sciacca, Director, Secondary Education Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 714-424-7544 Date of Original Filing: . msciacca@nmusd.us (month, day, year) 2. Function or Event Information 19.00 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes No 🗆 Event Description: Angels Baseball Game Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 🗆 If no: \_ Name of Source If yes: Detemple, Tom Was ticket distribution made at the behest Yes ■ No □ 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Newport-Mesa Unified School District Employee and family event at the Los Angeles Angels 500 Classified employees Stadium to watch a baseball game. Newport-Mesa Unified School District Employee and family event at the Los Angeles Angels 500 Certificated employees Stadium to watch a baseball game. Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4.				

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with the requirements.				

Kerniedonos	
Signature of Agency Head or Designee	

Kerrie Torres

Asst. Superintendent Secondan

03/08/2024

(month, day, year)

Comment:

Print Name