

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

A Public Document

1. Agency Name Newport-Mesa Unified School District		Date Stamp	California Form 802 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.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 714-424-7544	E-mail msciacca@nmusd.us		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 30.00

Event Description: Angels Baseball Game Date(s) 09/17/2026
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Detemple, Tom
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
Newport-Mesa Unified School District Classified Employees	1,750	Employee and family event at the Los Angeles Angels Stadium to watch a baseball game.
Newport-Mesa Unified School District Certificated Employees	1,750	Employee and family event at the Los Angeles Angels Stadium to watch a baseball game.

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

Kerrrie Torres
 Print Name

Deputy Superintendent
 Title

8/14/2026
 (month, day, year)

Comment: _____

Print

Clear