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

A Public Document

1. Agency Name

CITY OF ANAHEIM

Division, Department, or Region *(if applicable)*

Street Address

200 S. ANAHEIM BLVD., ANAHEIM, CA 92805

Designated Agency Contact *(Name, Title)*

AMANDA SUDDUTH, TICKET ADMINISTRATOR DESIGNEE

Area Code/Phone Number	E-mail
714-765-8993	ASUDDUTH@ANAHEIM.NET

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: _____ *(month, day, year)*

2. Function, Event, or Ceremonial Role Information

Title Angels Baseball

Face Value of Each Admission $ 150

Description _____

Date(s) ___/___/___ ___/___/___

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: _____ *Name of Source*

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☐ No ☐ If yes: _____ *Official's Name (Last, First) and Title*

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	
Vidana, Debra		Yes ☐ No ☐	5.3 (h) Attracting and retaining highly qualified employees in City service, for which such employee may receive no more than four (4) tickets per event.	Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐

3. Verification

[redacted] ons 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,

Amanda Sudduth	TAD	
Print Name	Title	*(month, day, year)*

Comment: *(Use this space or an attachment for any additional information including amendment explanation.)*