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

A Public Document

Date Stamp	**California Form 802** For Official Use Only

1. Agency Name

City of Anaheim

Division, Department, or Region *(If Applicable)*

Designated Agency Contact *(Name, Title)*

Amanda Sudduth, Ticket Administor Designee

Area Code/Phone Number	E-mail
714-765-8993	asudduth@anaheim.net

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

Date of Original Filing: _____ *(Month, Day, Year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 150.00

Event Description Angel's Baseball - field level
Provide Title/Explanation

Date(s) 06 / 06 / 12 ___/___/___

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: _____
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
Public Works Dept, Design Division	4	5.3.h Attracting & retaining highly qualified employees

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

[redacted] *lations 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.*

Amanda Sudduth — Amanda Sudduth (*Print Name*) — TAD — TAD (*Title*) — 06/06/12 (*Month, Day, Year*)

Comment: _____