

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

A Public Document

1. Agency Name CITY OF ANAHEIM Division, Department, or Region <i>(if applicable)</i> Street Address 200 S ANAHEIM BLVD ANAHEIM CA 9280 Designated Agency Contact <i>(Name, Title)</i> 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
<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ (month, day, year)			

2. Function, Event, or Ceremonial Role Information

Title Angels vs Bluejays Face Value of Each Admission \$ 150.00
 Description Baseball tickets Date(s) 05 / 04 / 12

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

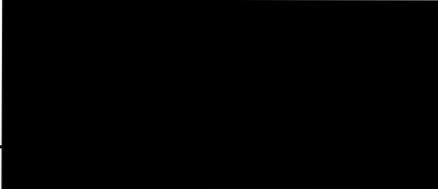
Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: Bob Wingenroth, Acting City Mgr.
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	<ul style="list-style-type: none"> • 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.
KARRAA, ANTONIO	4	Yes <input type="checkbox"/> No <input type="checkbox"/>	5.3H Retaining highly qualified employees Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification



I have verified that the distribution of admissions, set forth above,

AMANDA SUDDUTH TAD
Print Name Title 5-4-12
(month, day, year)

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