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

A Public Document

California Form 802

For Official Use Only

Date Stamp

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

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

1. Agency Name

CITY OF ANAHEIM

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

CITY MANAGER'S OFFICE

Designated Agency Contact *(Name, Title)*

AMANDA SUDDUTH, TICKET ADMINISTRATOR DESIGNEE

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 150/$10-parking

Event Description Angels Baseball Tickets *(Provide Title/Explanation)*

Date(s) 06 / 19 / 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: Wingenroth, Bob - Acting City Manager *(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
Government/Community Relations	5	5.3.h - Attracting and retaining highly qualified employees in City service.

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

Amanda Suddath *(Print Name)* Ticket Administrator Designee *(Title)* 06/19/12 *(Month, Day, Year)*

Comment: _____