

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

**A Public Document**

<b>1. Agency Name</b> 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	<b>California Form 802</b> For Official Use Only
<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title Anaheim Angels Baseball Game                      Face Value of Each Admission \$ 225.00

Description Tickets                      Date(s) 05 / 04 / 12

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

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

Yes  No  If yes: Eastman, Gail - Council Member  
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.
Crime Survivors Inc., P. O. Box 54552 Irvine, CA 92619-4552 (Non-profit)	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5.3(f) Supporting and/or showing appreciation for programs or services rendered by non-profit organizations benefiting Anaheim residents. <b>Income</b> <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**

FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, complies with the provisions.

AMANDA SUDDUTH                      TICKET ADMINISTRATOR                      5-4-12  
Designee                      Print Name                      Title                      (month, day, year)