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

**A Public Document**

**California Form 802**

For Official Use Only

Date Stamp

## 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**: 714-765-8993

**E-mail**: ASUDDUTH@ANAHEIM.NET

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

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

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

**Title** Angels vs. Rangers

**Face Value of Each Admission $** 225.00

**Description** Tickets

**Date(s)** 06 / 03 / 12 ___/___/___

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

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

Yes ☑ No ☐ If yes: Sidh, S. Harry- 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. | |
|---|---|---|---|---|
| Lestonnac Free Medical Clinic<br>1215 E. Chapman Ave., Orange CA 92866 (non-profit) | 4 | Yes ☐<br>No ☑ | 5.3.f-Supporting services rendered by non-profit organizations benefiting Anaheim residents. | Income ☐ |
| | | Yes ☐<br>No ☐ | | Income ☐ |
| | | Yes ☐<br>No ☐ | | Income ☐ |
| | | Yes ☐<br>No ☐ | | Income ☐ |
| | | Yes ☐<br>No ☐ | | Income ☐ |

## 3. Verification

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

Amanda Sudduth

AMANDA SUDDUTH — Print Name

TAD

TICKET ADMINISTRATOR — Title

06/03/12 — *(month, day, year)*

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