

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
CITY OF ANAHEIM			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Street Address			
200 S. ANAHEIM BLVD., ANAHEIM, CA 92805			
Designated Agency Contact (Name, Title)			
AMANDA SUDDUTH, TICKET ADMINISTRATOR DESIGNEE		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
714-765-8993	ASUDDUTH@ANAHEIM.NET		

2. Function, Event, or Ceremonial Role Information

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

Description Tickets Date(s) 05 / 06 / 12

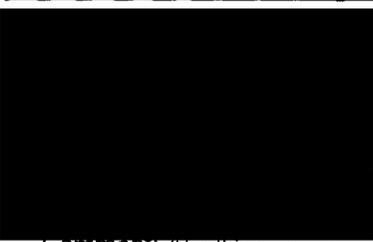
Ticket(s)/Admission(s) provided by agency? Yes No If no: Angel Stadium of Anaheim
Name of Source

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

Yes No If yes: Tait, Tom - Mayor
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.
Zion Lutheran School, 1244 E. Cypress Street, Anaheim, CA 92805 (Nonprofit)	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5.3.f-Supporting services rendered by non-profit organization benefiting Anaheim residents. 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"/>



I certify that I am an agency official and that I am reporting this information in accordance with California Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is correct.

AMANDA SUDDUTH TICKET ADMINISTRATOR
Print Name Title

5-10-12
(month, day, year)

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