

**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)			
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.)	
Area Code/Phone Number 714-765-8993	E-mail ASUDDUTH@ANAHEIM.NET	Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title Angel Baseball Game Face Value of Each Admission \$ 125/10-Parking

Description Tickets Date(s) 05 / 28 / 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: Wingenroth, Bob, Acting City Manager
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. 	
Community Service Programs, Inc. 1821 E. Dyer Rd., #200, Santa Ana, 92705 (non-profit)	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5.3.f - Supporting and/or showing appreciation for programs/services rendered by non-profit organizations	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

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

Amanda Sudduth
AMANDA SUDDUTH

Ticket ADMINISTRATOR ADMINISTRATOR

Signature

Print Name

Title

05/28/12
(month, day, year)

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