

**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)			
Anaheim Convention Center			
Street Address			
200 South Anaheim Blvd. Anaheim, CA 92805			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Amanda Sudduth (Ticket Administrator Designee)		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 Angels v. Yankees Face Value of Each Admission \$ 1.50

Description Angel Game Date(s) _____

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: _____
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.
<u>Gamino, Ted</u>	<u>4</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5.3h Attracting & retaining highly qualified employees 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

I have read the FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is correct.

Amanda Sudduth

TAD

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Print Name

Title

(month, day, year)

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