Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

California Form 802

For Official Use Only

Date Stamp

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

Date of Original Filing: _____ *(Month, Day, Year)*

1. Agency Name

CITY OF ANAHEIM

Division, Department, or Region *(If Applicable)*

CITY MANAGER'S OFFICE

Designated Agency Contact *(Name, Title)*

AMANDA SUDDUTH, TICKET ADMINISTRATOR DESIGNEE

Area Code/Phone Number	E-mail
714-765-8993	ASUDDUTH@ANAHEIM.NET

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 150/$10-parking

Event Description Anaheim Angels Game *Provide Title/Explanation*

Date(s) 05 / 30 / 12 ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Angel Stadium *Name of Source*

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: WINGENROTH, BOB, Acting City Manager *Official's Name (Last, First)*

3. Recipients

• **Use Section A to identify the agency's department or unit.** • **Use Section B to identify an individual.** • **Use Section C to identify an outside organization.**

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
	4	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Cypress College Baseball Program 9200 Valley View St., Cypress 90630 (Non-Profit)	4	5.3.f-Supporting programs rendered by non-profit organizations benefiting Anaheim residents.

[redacted]

ations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amanda Sudduth — Amanda Sudduth *Print Name* — TAD Ticket Administrator Designee *Title* — 05/30/12 *(Month, Day, Year)*

Comment: _____