

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

**A Public Document**

<b>1. Agency Name</b> CITY OF ANAHEIM Division, Department, or Region (if applicable)		Date Stamp	<b>California Form 802</b> For Official Use Only
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 Anaheim Angels Baseball Game Face Value of Each Admission \$ 225.00

Description Tickets Date(s) 06 / 04 / 12

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: Murray, Kris - 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	<ul style="list-style-type: none"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
California Women's Leadership Association, P.O BOX 60235 Irvine, CA 92602 (non-profit)	3	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5.3.d) Intergovernmental relations purposes, including but not limited to attendance at an event with or by elected or appointed public officials from other jurisdictions, their staff members and their guests.	<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 verified that the distribution of admissions, set forth above, complies with FPPC Regulations 18944.1 and 18942.

**Amanda Sudduth**  
AMANDA SUDDUTH  
Designee Print Name

**TAD**  
TICKET ADMINISTRATOR  
Title

06/04/12  
(month, day, year)

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