

**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)		<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 Anaheim Angels Baseball Game Face Value of Each Admission \$ 225.00

Description Tickets Date(s) 06 / 05 / 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: Sidhu, Harry - Mayor Pro Tem
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.
Scholarship Foundation of John F. Kennedy High School, P. O. Box 1371, Cypress, CA 90630 (non-profit)	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"/>

3. Verification

I certify that I am an Agency Official as defined in Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is correct.

Amanda Sudduth
AMANDA SUDDUTH
Print Name

TICKET ADMINISTRATOR
TAD
Title

06/05/12
(month, day, year)

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