

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

A Public Document

1. Agency Name CITY OF ANAHEIM Division, Department, or Region (If Applicable) CITY MANAGER'S OFFICE Designated Agency Contact (Name, Title) MARCIE EDWARDS CITY MANAGER Area Code/Phone Number E-mail 714-765-5165 MEDWARDS@ANAHEIM.NET		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 291.84/258.70

Event Description Candlelight Ceremony Date(s) 12 / 07 / 13
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Disneyland Resort
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: EDWARDS, MARCIE - 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Barrios & Associates, 235 East Maple, Orange, CA 92866 (marketing/communications firm)	1/1	5.3.c - Economic/business development on behalf of the City

4. Verification

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

	Marcie Edwards	City Manager	12/13/13
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)