

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
CITY OF ANAHEIM			For Official Use Only
Division, Department, or Region (If Applicable)			
CITY MANAGER'S OFFICE			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
PAUL EMERY, TICKET ADMINISTRATOR			
Area Code/Phone Number	E-mail		
714-765-8993	PEMERY@ANAHEIM.NET		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 150.00

Event Description OC Business Council Dinner/Installation Date(s) 02 / 20 / 14
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Orange County Business Council
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Emery, Paul - Interim 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
CITY MANAGER'S OFFICE	2	5.3.f - Supporting programs/services rendered by a non profit.
B. Name of Individual <small>(Last, First)</small>		
	Number of Ticket(s)/Pass(es)	Identify one of the following:
BRANDMAN, JORDAN EASTMAN, GAIL	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
	2	5.3.f - Supporting programs/services rendered by a non profit.
KRING, LUCILLE	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		5.3.f - Supporting programs/services rendered by a non profit.
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, dba Communications Lab 25 Orchard , #250, Lake Forest, CA (contractor)	2	5.3.f - Supporting programs/services rendered by a non profit.

4. Verification

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

_____ Paul Emery Ticket Administrator 3-10-14
Print Name Title (Month, Day, Year)