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)*

Designated Agency Contact *(Name, Title)*

Amanda Sudduth, Ticket Administor Designee

Area Code/Phone Number	E-mail
714-765-8993	asudduth@anaheim.net

Date Stamp

California Form 802

For Official Use Only

☐ **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 $ 105.00

Event Description Ducks Hockey Game *Provide Title/Explanation*

Date(s) 01 / 07 / 14 ___/___/___

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

If no: Anaheim Stadium *Name of Source*

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

If yes: Tait, Tom - Mayor *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:
		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
St. Boniface Catholic Church, 120 N. Janss Street Anaheim, CA 92805 - Non Profit	14	5.3.f-Supporting services rendered by non-profit organization benefiting Anaheim residents.

4. Verification

(d)(5) [redacted] gulations 18944 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[redacted] ee — Amanda Sudduth *Print Name* — TAD *Title* — 1-7-14 *(Month, Day, Year)*

Comment: _____