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

Event Description Ducks Hockey Game *Provide Title/Explanation*

Date(s) 3 / 07 / 14 ___/___/___

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

If no: Honda Center *Name of Source*

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

If yes: Morton, Tom--Exec. Dir. CSE *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
		5.3.h Attracting & retaining highly qualified employees

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
VCB 800 W. Katella Ave. Anaheim Ca	4	5.3 (c) Business Development

4. Verification

(d)(5) [redacted] ...derstand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[redacted]	Amanda Sudduth	TAD	3.7.14
Agency Head or Designee	*Print Name*	*Title*	*(Month, Day, Year)*

Comment: _____