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

A Public Document

Date Stamp	California Form **802** For Official Use Only

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

☐ **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 $ 150.00

Event Description Angels vs. Mariners *Provide Title/Explanation*

Date(s) 03 / 31 / 14 ___ / ___ / ___

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

If no: Angel Stadium of Anaheim *Name of Source*

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

If yes: Murray, Kris - Mayor Pro Tem *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:
Overn, Chad - AFD	2	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below.* h) Attracting and retaining highly qualified employees in City service, for which such employee may receive no more than four (4) tickets per event.
		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

4.

(d)(5)

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Amanda Sudduth	TAD	3.31.14

Comment: _____