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**: 714-765-8993 **E-mail**: 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 $ 225.00

Event Description: Angel's game *(Provide Title/Explanation)*

Date(s): 3 / 31 / 14 ___ / ___ / ___

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

If no: Angel Stadium *(Name of Source)*

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

If yes: _____ *(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
Public Works Department - Lem Reyes	2	5.3.j For use in connection with a City employee drawing

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

4. Verification

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

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

Comment: _____