

**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)		Date Stamp	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) Amanda Sudduth, Ticket Administor Designee		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 714-765-8993	E-mail asudduth@anaheim.net	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 \$ _____ **125.00**

Event Description 2014 NCAA MEN'S WEST REGIONAL Date(s) 03 / 27 / 14
Provide Title/Explanation

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: Kring, Lucille - Council Member
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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Siegel, Neil	4	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 (c) Economic or business development purposes on behalf of the City.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
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

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

_____ **Amanda Sudduth** _____ **TAD** _____ **3-27-14**
Signature Print Name Title (Month, Day, Year)