

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
CITY OF ANAHEIM			
Division, Department, or Region (If Applicable)			
CITY MANAGER'S OFFICE			
Designated Agency Contact (Name, Title)			
AMANDA SUDDUTH, TICKET ADMINISTRATOR DESIGNEE			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
714-765-8993	ASUDDUTH@ANAHEIM.NET	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ **125.00**

Event Description NCAA Basketball Tournament Date(s) 03 / 27 / 14 03 / 29 / 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: EMERY, PAUL - Interim City Manager
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:
PICKLER, IRV	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small> 5.3.k - Recognition of contributions made to the City by a former City Executive Manager
		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 (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

Amanda Sudduth
Ticket Administrator Designee
3-27-14

Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____