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

A Public Document

1. Agency Name	Date Stamp	California Form 802
City of Anaheim		For Official Use Only
Division, Department, or Region *(If Applicable)*		
Designated Agency Contact *(Name, Title)*		
Amanda Sudduth, Ticket Administor Designee	☐ **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 $ 150

Event Description Angels vs Dodgers *Provide Title/Explanation*

Date(s) 03 / 29 / 14 ___/___/___

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

If no: Angels Stadium *Name of Source*

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

If yes: Raul Quezada *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
Anaheim Police Department	4	5.3h Attracting/retaining highly-qualified employees in city service

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

Signature of Agency Head or Designee | Amanda Sudduth *Print Name* | TAD *Title* | 3.29.14 *(Month, Day, Year)*

Comment: _____