

**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 E-mail 714-765-8993 asudduth@anaheim.net	Date Stamp	California Form 802 For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)		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 \$ _____ **105.00**

Event Description Ducks Hockey Game Date(s) 03 / 31 / 14
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Honda Center of Anaheim
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Brandman, Jordan
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:
Henninger, Grant	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> g) Encouraging or rewarding significant academic, athletic, or public service achievements by Anaheim students, residents or businesses.
		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. Verification

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

_____ _____ 3-31-14
Print Name Title (Month, Day, Year)

Comment: _____