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, TAD

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 $ 150

Event Description Angels v. Seattle Mariners *Provide Title/Explanation*

Date(s) 4 / 1 / 14 ___/___/___

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

If no: Angels Baseball *Name of Source*

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

If yes: Michael Houston *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
City Attorney's Office	2	5.3(H) attracting and retaining qualified employees
		5.3(H) attracting and retaining qualified employees

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]gnee Amanda Sudduth *Print Name* TAD *Title* 4-1-14 *(Month, Day, Year)*

Comment: _____