# 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

☐ **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 $ 105.00

Event Description Ducks Hockey Game *Provide Title/Explanation*

Date(s) 04 / 02 / 14 ___/___/___

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: Tait, Tom - Mayor *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 *(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 |
|---|---|---|
| Lestonnac Free Clinic, 1215 E. Chapman Ave., Orange, CA 92866 - Non Profit | 2 | f.) Supporting and/or showing appreciation for programs or services rendered by non-profit organizations benefiting Anaheim residents. |
| | | |

**4.** (d)(5) [redacted] *gulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

| [redacted] | Amanda Sudduth | TAD | 4-2-14 |
|---|---|---|---|
| *Signature of Agency Head or Designee* | *Print Name* | *Title* | *(Month, Day, Year)* |

Comment: _____