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)* CITY MANAGER'S OFFICE **Designated Agency Contact** *(Name, Title)* AMANDA SUDDUTH, TICKET ADMINISTRATOR DESIGNEE **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 $ 110.00

Event Description: Angel Game *(Provide Title/Explanation)*

Date(s): 04 / 13 / 14 ___ / ___ / ___

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

If no: Angel Stadium of Anaheim *(Name of Source)*

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

If yes: EDWARDS, MARCIE - 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 *(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
Knights of Columbus 9195 5800 E. Santa Ana Cyn. Rd. Anaheim (non-profit)	4	5.3.f - Showing appreciation for programs or services rendered by non-profit organizations

4. Verification

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

[redacted] e — Amanda Sudduth *(Print Name)* — Ticket Administrator Designee *(Title)* — 4.13.14 *(Month, Day, Year)*

Comment: _____