

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
City of Anaheim			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
Amanda Sudduth, Ticket Administor Designee			
Area Code/Phone Number	E-mail		
714-765-8993	asudduth@anaheim.net		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 225.00

Event Description Angels vs. Athletics Date(s) 04 / 14 / 14  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Eastman, Gail - Council Member  
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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
		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 (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
APD - Retired Senior Volunteer Patrol - Non-profit 425 S. Harbor Blvd., Anaheim, Ca 92805	4	f.) Supporting and/or showing appreciation for programs or services rendered by non-profit organizations benefiting Anaheim residents.

**4. Verification**

\_\_\_\_\_  
Signature of Agency Head or Designee

18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amanda Sudduth TAD 4-14-14  
Print Name Title (Month, Day, Year)