

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

**A Public Document**

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

Event Description Angels vs. Athletics  
Provide Title/Explanation

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

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

Face Value of Each Ticket/Pass \$ 225.00

Date(s) 04 / 15 / 14

If no: Angel Stadium  
Name of Source

If yes: Murray, Kris - Mayor Pro Tem  
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:
		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 <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Wilshire Avenue Community Church - Non-Profit 212 East Wilshire Ave., Fullerton, CA 92832	1	5.3 (e) Attracting or rewarding volunteer public service.

**4. Verification**

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

\_\_\_\_\_  
Amanda Sudduth  
Print Name

\_\_\_\_\_  
TAD  
Title

\_\_\_\_\_  
4.15.14  
(Month, Day, Year)