

**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: _____ <small>(Month, Day, Year)</small>	
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 / 16 / 14  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Angel Stadium, Anaheim  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes     if yes: Kring, Lucille  
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
Damas de Caridad, 8502 E. Chapman Ave., #647, Orange, CA 92869 - Non Profit	4	f.) Supporting and/or showing appreciation for programs or services rendered by non-profit organizations benefiting Anaheim residents.

**4. Verification**

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

\_\_\_\_\_ Amanda Sudduth \_\_\_\_\_ TAD \_\_\_\_\_ 4.16.14  
Signature of Agency Head or Designee    Print Name    Title    (Month, Day, Year)