

**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: _____ <small>(Month, Day, Year)</small>	

**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: Angel Stadium  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  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 (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
St. Justin Martyr Parish School - Non-Profit 2030 W. Ball Rd Anaheim, 92804	4	5.3(f) Supporting and/or showing appreciation for programs or services rendered by non-profit organizations benefiting Anaheim residents.

**4. Verification**

C Regulations 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

Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)