

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 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. Indians Date(s) 04 / 28 / 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
Hope University, PO Box 8495, Anaheim, 92812 - Non-Profit	4	f.) Supporting and/or showing appreciation for programs or services rendered by non-profit organizations benefiting Anaheim residents.

4. Verification

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

Print Name

Amanda Sudduth

Title

TAD

(Month, Day, Year)

4.28.14