

**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)			
Designated Agency Contact (Name, Title)			
Amanda Sudduth, Ticket Administor Designee		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
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 \$ 110.00

Event Description Ducks Hockey Playoff Game #2 Date(s) 04 / 18 / 14  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Honda Center of Anaheim  
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:
Berhow, Alicia - OCBC	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> c) Economic or business development purposes on behalf of the City.
		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

**4. Verification**

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

\_\_\_\_\_ Amanda Sudduth \_\_\_\_\_ TAD \_\_\_\_\_ 4.18.14  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)