

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

**A Public Document**

<b>1. Agency Name</b> CITY OF ANAHEIM		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) CITY MANAGER'S OFFICE			
Designated Agency Contact (Name, Title) AMANDA SUDDUTH, TICKET ADMINISTRATOR DESIGNEE		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 714-765-8993	E-mail 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 Tickets Date(s) 04 / 18 / 14  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Honda Center  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Emery, Paul - Interim City Manager  
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
City Manager's Office	2	5.3.h - Attracting and retaining highly qualified employees in City service.
<b>B. Name of Individual (Last, First)</b>		
	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>
<b>C. Name of Outside Organization (include address and description)</b>		
	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Amanda Sudduth  
Print Name

Ticket Administrator Designee  
Title

4.18.14  
(Month, Day, Year)