

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

A Public Document

1. Agency Name City of Anaheim		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Amanda Sudduth, Ticket Administrator 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 \$ 150.00

Event Description Angels Baseball Date(s) 4 / 15 / 14
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No Yes If yes: Morton, Tom--Exec. Dir. CSE
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
CSE	12	5.3 (h) Attracting and retaining highly qualified employees in City service, for which such employee may receive no more than four (4) tickets per event.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Morton, Thomas	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input checked="" 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

4. Verification

Signature of Agency Head or Designee

Print Name

Amanda Sudduth

Title

TAD

(Month, Day, Year)

4.15.14