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

A Public Document

California Form 802

For Official Use Only

Date Stamp

1. Agency Name

City of Anaheim

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

☐ **Amendment** *(st provide explanation in Part 3.)*

Date of Original Filing: _____ *(Month, Day, Year)*

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 *Pr vide Title/Explanation*

Date(s): 04 / 15 / 14 ___ / ___ / ___

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: Eastman, Gail - Council Member *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 ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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
Wilshire Avenue Community Church - Non-Profit 212 East Wilshire Ave., Fullerton, CA 92832	4	5.3 (e) Attracting or rewarding volunteer public service.

4. Verification

[redacted] *egulations 18944.1 and 18942. I have verified that the distribution set fo th above, is in acco dance with the requirements.*

Signatu.e of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Amanda Sudduth	TAD	4·15·14

Comment: _____