Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1.	Agency Name				Date Stamp	California 802	
	City of Anaheim Division, Department, or Region (If Applicable) Designated Agency Contact (Name, Title)					Form OUZ	
						For Official Use Only	
	Amanda Sudduth, Ticket Administor Designee						
	Area Code/Phone Number			Amendment (Must provide explanation in Part 3.)			
	714-765-8993 asudduth@anaheim.net				Date of Original Filing:		
2.	Function or Event Inform						
	Does the agency have a ticker	Yes⊠ No					
	Event Description PsG Gymnastics Championship Date(8 , 17 , 17		
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒			☑ If no: Hond	If no: Honda Center Name of Source		
					Faessel, Stephen		
	Was ticket distribution made at the behest No ☐ Yes ☐ If yes: Faes of agency official?				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				
	,						
			Number of				
	B. Name of Individua (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
			•	Ceremonial Role	Other	Income 🔲	
				If checking "Ceremo	nial Role" or "Other" describe below	:	
				Ceremonial Role	Other	Income	
				If checking "Ceremo	nial Role" or "Other" describe below	:	
	C. Name of Outside Organ	ization	Number of				
	(include address and des		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursual	nt to the agency's policy	
	LEAN 1851 East First St. Sui Ana, CA 92705	te 450 Santa	4	f) Supporting and/or showing organizations benefiting Ana	g appreciation for programs or sen heim residents.	vices rendered by non-profit	
						andriana and an an and an 	
4.	Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.						
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	Signature of Agency Head or Designee Print Name				Title	(Month, Day, Year)	
						÷	
	Comment:				· · · · · · · · · · · · · · · · · · ·		