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

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1.	Agency Name				Date Stamp California Q			
	City of Anaheim  Division, Department, or Region (If Applicable)					Form OUZ		
						For Official Use Only		
	Designated Agency Contact (	Name, Title)						
	Amanda Sudduth, Ticket Ad	ministor Des						
	Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)					
	714-765-8993 asudduth@anaheim.net				Date of Original Filing:(Month, Day, Year)			
2.	Function or Event Information							
	Does the agency have a ticket	•	of Each Ticket/Pass \$ -					
	Event Description Baseball game  Provide Title/Explanation Date(s) 08				3 <sub>/ e</sub> 01 <sub>/</sub> 17			
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Angel				Stadium  Name of Source			
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: More				no, Jose			
	Was ticket distribution made at the behest No ☐ Yes ☑ If yes: More 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.							
	· increase)				olic purpose made pursuar	nt to the agency's policy		
			Pass(es)	Art of the control of				
_*	THE RESERVE OF THE PERSON OF T							
			Number of					
	B. Name of Individua		Ticket(s)/ Pass(es)		Identify one of the follow	ving:		
				Ceremonial Role		Income		
				ii checking Ceremon	ial Role" or "Other" describe below.			
	er en			Ceremonial Role  If checking "Ceremon	Other Initial Role" or "Other" describe below.	Income		
				,, <b>g</b>				
	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy		
	LEAN 174 W. Lincoln Ave. Suite 576 f)		f) Supporting and/or showing appreciation for programs or services					
	Anaheim CA 92805		4	rendered by non-pro	ofit organizations bene	efiting Anaheim residents.		
	Varification							
4.	Verification I have read and understand FPPC Regul	lations 18944.1 an	d 18942. I have ve	rified that the distribution set f	orth above, is in accordance w	vith the requirements.		
			Amanda Su	dduth	TAD			
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)		
	Comment:							