

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

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1. Agency Name City of Palm Springs Division, Department, or Region (If Applicable)		Date Stamp 2016 FEB -3 AM 11:38 JAMES THOMPSON CITY CLERK	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) Jennifer Nelson, Executive Asst. to Mayor/Council		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 760-323-8200	E-mail jennifer.nelson@palmspringsca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ **65.00**

Event Description Women Who Rule Scholarship Lunch Date(s) 1 / 29 / 16
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Women Leaders Forum
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: _____
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:
Moon, Rob	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Public Purpose as defined by PS Resolution No. 22454
Blaisdell, Amy	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Public Purpose as defined by PS Resolution No. 22454
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

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.


David H. Ready
City Manager
(Month, Day, Year)

Signature of Agency Head or Designee Print Name Title

Comment: _____