Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California 1. Agency Name P EDate Stamp Form OF PALM SPRIN City of Palm Springs For Official Use Only Division, Department, or Region (if applicable) 2017 APR 24 PM 5: 44 OFFICE OF THE CITY CLE Designated Agency Contact (Name, Title) Cindy Cairns, Executive Services Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 760-322-8362 cindv.cairns@palmspringsca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 25.00 Does the agency have a ticket policy? Yes ☑ No □ Event Description: Retirement Party, HR Director of CC Date(s) 12 / 08 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _ Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No 🖾 Official's Name (Last, First) of agency official? 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. Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🔀 If checking "Ceremonial Role" or "Other" describe below 1 Foat, Ginny Public Purpose as defined by PS Resolution No. 22454 Income Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPQ Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or

Comment:

 David Ready
 City Manager
 → (I) (month, day, year)