Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document RUE 184 MADE D California 1. Agency Name ONITY OF PALM SPRI Form City of Palm Springs For Official Use Only Division, Department, or Region (if applicable) 2017 APR 24 PM 5: 44 OFFICE OF THE CITY CLERK 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 cindy.cairns@palmspringsca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 100.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: COD Fundraiser Citizens/Distinction Date(s) 12 / 15 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other 🗵 Income If checking "Ceremonial Role" or "Other" describe below. 1 Moon, Robert Public Purpose as defined by PS Resolution No. 22454 Ceremonial Role Other 🗵 Income 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 FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. City Manager David Ready Title Signature of Agency Head or Desig Print Name

Comment: