

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

A Public Document

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|---|---|--|---|
| 1. Agency Name City of Palm Springs | | RECEIVED CITY OF PALM SPRINGS | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) | | 2017 APR 24 PM 5:44 | |
| Designated Agency Contact (Name, Title) Cindy Cairns, Executive Services Administrator | | OFFICE OF THE CITY CLERK | |
| Area Code/Phone Number 760-322-8362 | E-mail cindy.cairns@palm Springsca.gov | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) | |
| | | Date of Original Filing: _____ (month, day, year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 150.00

Event Description: Steve Chase Humanitarian Awards Date(s) 02 / 11 / 17
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes No 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|---|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Moon, Robert | 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 |
| | | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | 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 Ready _____ City Manager _____ 4/20/17
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____