Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California RECEPTED 1. Agency Name CITY Form OF PALM SPRING City of Palm Springs For Official Use Only Division, Department, or Region (if applicable) 2017 APR 24 PM 5: 43 OFFICE OF THE CITY CLER 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: cindy.cairns@palmspringsca.gov 760-322-8362 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 300.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Mizell Senior Center Stars Among Us Date(s) 02 / 25 / 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Name of Individual identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X 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 of Ticket(s)/ C. (include address and description) Passes 4. Verification

I have read and understand FPRO Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

David Ready

Signature of Agency Head or Designer

Print Name

Title

(month, day, year)