Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document RECEINT PALM SPRINGS California 1. Agency Name City of Palm Springs 2011 MAY -2 PM 5: 30 For Official Use Only Division, Department, or Region (if applicable) 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: . cindy.cairns@palmspringsca.gov 760-322-8362 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 30.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: PS Hospitality Assoc Member Lunch Date(s). 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)/ A. 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 Moon, Robert Public Purpose as defined by PS Resolution No. 22454 Other 🗵 Income \square Ceremonial Role 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 C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have read and understand FPF with the requirements.

Verification

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

David Ready

City Manager

Signature of Agency Head or Jesiphes

Print Name

Title

(month, day, year)

FPPC Form 802 (2/2016)