

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

Agency
Public Document

1. Agency Name City of Palm Springs		CITY OF PALM SPRINGS 2011 AUG 10 PM 3:38 OFFICE OF THE CITY CLERK	RECEIVED Data Stamp	California Form 802
Division, Department, or Region (if applicable)			For Official Use Only <i>Van</i>	
Designated Agency Contact (Name, Title) Christina Chartier, Executive Assistant to Mayor and Council		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		
Area Code/Phone Number 760-322-8366	E-mail christina.chartier@palm Springsca.gov			

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 280.00

Event Description: United Way Moulin Rouge Gala Date(s) 5 / 12 / 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"/> <i>If checking "Ceremonial Role" or "Other" describe below.</i> Public Purpose as defined by PS Resolution No. 22454
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below.</i>
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.

[Signature] David Ready City Manager 8-9-17
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____