

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


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CITY OF PALM SPRINGS  
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California Form **802**  
For Official Use Only

**1. Agency Name**  
City of Palm Springs  
Division, Department, or Region (if applicable)  
Designated Agency Contact (Name, Title)  
Christina Chartier, Executive Assistant to Mayor and Council  
Area Code/Phone Number: 760-322-8366  
E-mail: christina.chartier@palm Springsca.gov  
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 \$ 75.00  
Event Description: Digicom Luncheon Date(s) 05 / 19 / 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
Roberts, J.R.	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
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 of Agency Head or Designee:  David Ready City Manager  
Print Name Title  
8-10-17  
(month, day, year)

Comment: \_\_\_\_\_