Agency Name				Public Document	
		CH	RECEIVED AV		
City of Palm Springs		ባልተ	7 4110 15 14 5 6		
Division, Department, or Region (if applicable)			7 AUG 15 AM 7:3	For Official Use Only	
		OFFI	DE OF THE CITY OLE	 	
Designated Agency Contact (Name, Title)			Tim WWW		
Christina Chartier, Executive Assistant to Mayo	or and Council		Amendment (Must Pro	ovide Explanation in Part 3.)	
Area Code/Phone Number E-mail					
760-322-8366 christina.chartier	@palmspringsc	a.gov	Date of Original Filing:	(month, day, year)	
Function or Event Information					
Does the agency have a ticket policy? Ye	s⊠ No□ F	ace Value of	Each Ticket/Pass \$ .65.	.00	
Event Description: Harvey Milk Diversity Break	kfast D	Date(s)05	, 19 , 17		
Provide Title/Exp	planation				
Ticket(s)/Pass(es) provided by agency? Ye	no:	Name of Source			
Was ticket distribution made at the behest Ye	s □ No 図 If	yes:	Official's Name (Last, First)		
of agency official?			Onicials Name (Last, First)		
Recipients  • Use Section A to identify the agency's department or unit.	• Use Section B to i	dentify an Individ	ual. • Use Section C to identi	fy an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
B. Name of Individual	Number of Ticket(s)/		Identify one of the fo	llowing:	
(Last, First)	Passes				
Moon, Robert	2	Ceremonial Role Other M Income D  If checking "Ceremonial Role" or "Other" describe below: Public Purpose as defined by PS Resolution No. 22454			
Foat, Ginny	3	Ceremonial Role Other Months Income  If checking "Ceremonial Role" or "Other" describe below:  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			
Verification	44.1 and 19040	I have verified to	that the distribution of fa	th chair in accordance	
I have read and understand FPPC Regulations 189 with the requirements.	44.1 anu 16942.	i nave veniled t	riat trie distribution set fol		
0	avid Ready	City Manager 8 10-13		8-10-17	
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)	
Comment:					

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



Agency Name ty of Palm Springs  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.							
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	identify one of the following:				
Robe	erts, J.R.	1	Ceremonial Role Other Income Income Figure 1. Income Public Purpose as defined by PS Resolution No. 22454				
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
			Ceremonial Role Other Income Income Income Income				
			Ceremonial Role Other Income 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				