

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

Janet
A Public Document

1. Agency Name

City of Palm Springs
Division, Department, or Region (if applicable)

RECEIVED
CITY OF PALM SPRINGS
Date Stamp
2017 AUG 15 AM 7:32
OFFICE OF THE CITY CLERK
[Signature]

California Form **802**
For Official Use Only

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 \$ 35.00

Event Description: Palm Springs Hospitality Assoc. Date(s) 07 / 27 / 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
Kors, Geoff	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]
Signature of Agency Head or Designee

David Ready
Print Name

City Manager
Title

8-10-17
(month, day, year)

Comment: _____