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

Seremonial Role Events and Ticketrass Distributions		A Public Document		
. Agency Name	ALCLIDATE Stamp	California Form	202	
City of Palm Springs	SITY OF PALM SPRIN	Form	OUZ	
Division, Department, or Region (if applicable)	2018 JUN 20 AM 9: 5	6 For Official	Use Only	

City of Palm Springs		8111 9		Form UUL
Division, Department, or Region (if applicable)		2018 JU	N 20 AM 9: 56	For Official Use Only
Designated Agency Contact (Name, Title)		SFFICE	F THE CITY CLERK	
Christina Chartier, Executive Assistant to Mayo	r and Council		Amendment (Must Pro	ovide Explanation in Part 3.)
Area Code/Phone Number E-mail			Date of Original Filing: _	
760-322-8366 christina.chartier@	2)palmspringso	a.gov	Date of Original Filing: _	(month, day, year)
Function or Event Information			1000 100 W/B 18-0 10 W	
		Face Value of E	ach Ticket/Pass \$ 27	9.00
Event Description: The Palm Springs LGBTQ F Provide Title/ Exp	lanation	Date(s) <u>09</u> /	_	09 , 24 , 17
Ticket(s)/Pass(es) provided by agency? Yes	I No⊠ I	f no: <u>Palm Spri</u>	ngs Cultural Center	
Was ticket distribution made at the behest Yes		f yes:	Name of Source	
of agency official?	SI NOM .	. , oo	Official's Name (Last, First)	
Recipients • Use Section A to identify the agency's department or unit.	a line Continu D to	1.1 aust£s aus 1 a stad da	-1 - TI C4t C4t44t	£
- Ose Section A to identify the agency's department or unit.	Number	Identity an individu	ial. • Use Section C to identi	ry an outside organization.
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
Moon, Robert	4	If check	onial Role Other Mang "Ceremonial Role" or "Other designed by PS Rovii)	Income Caribe below: Resolution No. 22454
Ginny Foat	2	If check	onial Role Other Ming "Ceremonial Role" or "Other desise as defined by PS R	cribe below
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
Verification I have read and understand FPPC Regulations 189 with the requirements	44.1 and 18942.	I have verified to	hat the distribution set fo	rth above, is in accordance
/ 111/	avid Ready		City Manager	
Signature of Agency Handor Designee	aviditeday		City Manager	(month, day, year)

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



Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Number of Ticket(s)/ Passes	Identify one of the following:
2	Ceremonial Role Other M Income
2	Ceremonial Role Other Income I
	Ceremonial Role Other Income Income
	Ceremonial Role Other Income
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	of Ticket(s)/ Passes 2 2 Number of Ticket(s)/