

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

A Public Document

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|---|--|---|---|
| 1. Agency Name City of Palm Springs | | RECEIVED CITY OF PALM SPRINGS 2018 JAN 31 AM 8:51 OFFICE OF THE CITY CLERK | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) | | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small> |
| Designated Agency Contact (Name, Title) Christina Chartier, Executive Assistant to Mayor and Council | | | |
| Area Code/Phone Number 760-322-8366 | E-mail christina.chartier@palmspringsca.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 75.00

Event Description: CV Housing Anniversary Celebration Date(s) 10 / 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: |
| | | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| Moon, Robert | 1 | Public Purpose as define by PS Resolution No.22454 Section 1 (d) (vii) |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| 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 |
| | | |
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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.

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|--------------------------------------|---------------------------|-----------------------|---|
| Signature of Agency Head or Designee | David Ready Print Name | City Manager Title | 11-15-17 <small>(month, day, year)</small> |
|--------------------------------------|---------------------------|-----------------------|---|

Comment: _____