

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

A Public Document

1. Agency Name City of Palm Springs		RECEIVED ^{added} 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)		Date Stamp	
Designated Agency Contact (Name, Title) Christina Chartier, Executive Assistant to Mayor and Council		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
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 \$ 40.00

Event Description: Trans Pride Event Date(s) 11 / 05 / 17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Transgender Community Coalition
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"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small> 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

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 Print Name
 _____ City Manager Title
 _____ 11-15-17 (month, day, year)

Comment: _____