Commontain   Com		gency Report of: eremonial Role Even	ts and Ticket/Pa	ass Distri	butions	was in	A Pu	blic Document	
Division, Department, or Region (if applicable)   2018	1.					RECENT SE		California Q02	
Designated Agency Contact (Name, Title)   Designated Agency Contact (Name, Title)   OF THE CITY CLER		provide the second seco			PITY	DF PALM SP	RING _	101111	
Christina Chartier, Executive Assistant to Mayor and Council  Area Code/Phone Number 760-322-8366  Christina.chartier@palmspringsca.gov  Date of Original Filing:		Division, Department, or Region (if applicable)					8: 05	For Official Use Only	
Christina Chartier, Executive Assistant to Mayor and Council  Area Code/Phone Number   E-mail   Christina.chartier@palmspringsca.gov   Date of Original Filing:   Cmonth, day, year)    2. Function or Event Information   Does the agency have a ticket policy?   Yes \( \) No   Face Value of Each Ticket/Pass \$ \frac{132.87}{(month, day, year)}    Event Description: Grab Your Seat:Icons&Idois PSUSD   Provide Title Explanation   Date(s)   01   18   18   1		Designated Agency Contact (		neeke	OF THE CITY	CLERE	/		
Area Code/Phone Number 760-322-8366   christina.chartier@palmspringsca.gov   Date of Original Filing:		Christina Chartier, Executive	and Council	DIT IOL	<del></del>				
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Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 132.87  Event Description: Grab Your Seat:Icons&Idols PSUSD Provide Titlet Explanation  Ticket(s)/Pass(es) provided by agency? Yes No If no:  Was ticket distribution made at the behest Yes No If no:  Was ticket distribution made at the behest Yes No If no:  Was ticket distribution made at the behest Yes No If no:  Name of Source  Was ticket distribution made at the behest Yes No If no:  Name of Source  If yes:  Official's Name (Last, First)  3. Recipients  - 'Use Section A to Identify the agency's department or unit.  Number  - 'Use Section A to Identify an outside organization.  A. Name of Agency, Department or Unit  Of Ticket(e)/Passes  Robert Moon  1 Number  of Ticket(e)/Passes  Robert Moon  1 Number  Of United Source  Number  of Ticket(e)/Passes  Robert Moon  1 Number  Of United Source  Number  Of Ticket(e)/Passes  Robert Moon  1 Number  Of United Source  Number  Of Ticket(e)/Passes  Robert Moon  Number  Of United Source  Income If the source Source  Number  Of Ticket(e)/Passes  Official's Name (Last, First)  Describe the public purpose made pursuant to the agency's policy  Passes  Official's Name (Last, First)  Describe the public purpose made pursuant to the agency's policy  Income If the source Source  Income If the source Source  Official's Name (Last, First)  Describe the public purpose made pursuant to the agency's policy  Passes  Official's Name (Last, First)  Describe the public purpose made pursuant to the agency's policy  Passes  Official's Name (Last, First)  Describe the public purpose made pursuant to the agency's policy  Passes  Official's Name (Last, First)  Describe the public purpose made pursuant to the agency's policy  Passes  Official's Name (Last, First)  Describe the public purpose made pursuant to the agency's policy  Income If the source Caremonial Rober of Coner Source  Official's Name (Last, First)  Describe the public purpose made pursuant to the agency's policy  Official's Name (Last, First)  Official's		760-322-8366	christina.chartier@	palmspringsc	a.gov				
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Ticket(s)/Pass(es) provided by agency? Yes \ No \ If no: \ \ \ Name of Source \ Name (Lest, First) \ No \ If yes: \ \ \ Official's Name (Lest, First) \ No \ If yes: \ \ \ Official's Name (Lest, First) \ No \ If yes: \ \ \ Official's Name (Lest, First) \ No \ If yes: \ \ \ Official's Name (Lest, First) \ No \ If yes: \ \ \ Official's Name (Lest, First) \ No \ If yes: \ \ \ Official's Name (Lest, First) \ No \ If yes: \ \ \ Official's Name (Lest, First) \ No \ If yes: \ \ \ Official's Name (Lest, First) \ No \ If yes: \ \ \ Official's Name (Lest, First) \ No \ If yes: \ \ \ Official's Name (Lest, First) \ No \ If yes: \ \ \ Official's Name (Lest, First) \ \ \ Official's Name (Lest, First) \ \ \ \ Official's Name (Lest, First) \ \ \ \ Official's Name of Individual \ (Lest, First) \ \ \ \ \ Official's Name of Individual \ \ (Lest, First) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Event Description: Grab Your Seat:Icons&Idols PSUSD Date(s) 01 / 18 / 18							
Was ticket distribution made at the behest 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   Passes		Ticket(s)/Pass(es) provided		no:					
The 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)   Describe the public purpose made pursuant to the agency's policy Passes    Robert Moon									
**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		163 🖂 140 🖂				yes:Official's Name (Last, First)			
A. Name of Agency, Department or Unit    Number of Ticket(s)/Passes	3.	·							
B. Name of Individual (Last, First)  Robert Moon  Ceremonial Role Other Image: Income Income Inchesting "Ceremonial Role" or "Other" describe below: Public Purpose as defined by PS Resolution No. 22454, Section 1 (d)(vii)  Ceremonial Role Other Image: Income Income Income Inchesting "Ceremonial Role" or "Other" describe below:  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  Passes  4. Verification  I have read and understand INFAC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  David Ready  City Manager		A. Name of Agency, Dept	ertment or Unit	of Ticket(s)/	Describe th	ne public purpose n	nade pursuan	t to the agency's policy	
Robert Moon  1   Ceremonial Role   Other   Income		B. Name of Ind	ividual	AND DESCRIPTION OF THE PARTY OF	Taxin and	Identify on	of the follow	ring:	
## It checking "Ceremonial Role" or "Other describe below:    Public Purpose as defined by PS Resolution No. 22454, Section 1 (d)(vii)    Ceremonial Role		(Last, Fil	st)	Passes					
C. Name of Outside Organization of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  4. Verification  I have read and understand PAPE Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  David Ready  Ceremonial Role Other X Income		Robert Moon	1	Public Purp	If checking "Ceremonial Role" or "Other describe below: ublic Purpose as defined by PS Resolution No. 22454,				
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			Regulations 18944	1.1 and 18942.	l have verified	that the distributi	on set forth	above, is in accordance	
Signature of Agency Head of Designe Print Name Title (month, day, year)									
Comment:		/ \	P	rint Name		Title		(month, day, year)	