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

A Public Document

1. Agency Name

City of Palm Springs

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CITY OF PALM SPRING

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California Form **802**

For Official Use Only

Division, Department, or Region *(if applicable)*

Designated Agency Contact *(Name, Title)*

Christina Chartier, Executive Assistant to Mayor and Council

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Area Code/Phone Number	E-mail
760-322-8366	christina.chartier@palmspringsca.gov

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 $ 50.00

Event Description: PS Gay Men's Chorus Concert
Provide Title/ Explanation

Date(s) 04 / 08 / 18   ___ / ___ / ___

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: _____
Name of Source

Was ticket distribution made at the behest Yes ☐ No ☒
of agency official?

If yes: _____
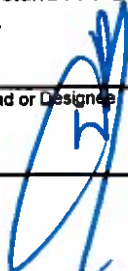*Official's Name (Last, First)*

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:
	Robert Moon	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below* Public Purpose as defined by PS Resolution No. 22454, Section 1 (d)(vii)
			Ceremonial Role ☐ Other ☐ Income ☐ *If checking "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

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	City Manager	
Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*

Comment: _____