	Agency Name			WE BE	LH S Date Stamp	California 802		
	City of Palm Springs				Form OUZ			
	Division, Department, or Region (if applicable)			2019 MAR 21	AM 11: 12	For Official Use Only		
	Designated Assessed Contact	7.1	CHART OF TH	HE CITY CLEAR				
	Designated Agency Contact (Name, Title) Christina Chartier, Executive Assistant to Mayor and Council			Stiller of				
	Area Code/Phone Number	and Council		Amendment (Must	Provide Explanation in Part 3.)			
	760-322-8366	E-mail	nalmenringer	Date of Original Filing:				
		palmspringsca.gov		(month, day, year)				
2.	Function or Event Information							
	Does the agency have a tick	⊠ No 🗆 F	ace Value of I	Each Ticket/Pass \$ 45.00				
	Event Description: PSHA G	ınch [Date(s)12	<u>, 12 , 18 </u>				
	Provide Title/ Explanation							
	ricket(s)/Pass(es) provided	by agency? Yes	T NO:	Name of Source				
	Was ticket distribution made at the behest Yes ☐ No ☒ If yes				Official's Name (Last, First)			
of agency official? Official's Name (Last,)		
	Use Section A to identify the agency's department or unit. 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 Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	following:		
	Moon, Robert Kors, Geoff		1	Ceremonial Role Other Income I				
			1	Ceremonial Role Other Medical Income				
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy		

I have read and understand FPF	PC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth	above, is in accordance
with the requirements.	1				

David Ready Print Name City Manager Signature of Agency Head or Designee

(month, day, year)

Comment: