Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form City of Palm Springs For Official Use Only Division, Department, or Region (if applicable) AM | 1: | 2 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 Date of Original Filing: 760-322-8366 christina.chartier@palmspringsca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 750.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: PS Art Museum Gala Date(s) _ 01 26 Provide Title/ Explanation If no: Palm Springs Art Museum Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Moon, Robert If checking "Ceremonial Role" or "Other" describe below 2 Public Purpose as defined by PS Resolution No. 22454, Section 1 (d)(iii)(vii)(viii) Ceremonial Role Other X Roberts, J.R. If checking "Ceremonial Role" or "Other" describe below 2 Public Purpose as defined by PS Resolution No. 22454, Section 1 (d)(iii)(vii)(viii) Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes**

I have read and understand FP with the requirements.

Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

David Ready

City Manager

Signature of Agency Head of Designee

Print Name

Comment:

Verification

(month, day, year)

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



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	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
			7
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Kors,	, Geoff	2	Ceremonial Role Other Income I
Holstege, Christy		2	Ceremonial Role Other Income I
Ready, David		2	Ceremonial Role Other Income I
			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