## Agency Report of:

.90	iej itopoliton							
Ceremonial	Role Events	and Ticket/Pass	Distributions					

A Public Document

	Agency Name		5	REGE ITY OF PA	Date Stamp	California 802	
	City of Palm Springs					Form OUZ For Official Use Only	
D	Division, Department, or Reg	ion (if applicable)	2019 MAR 20	AMII: 13	r of Official Ose Offiy		
Ē	Designated Agency Contact	(Name, Title)	E CITY CLERA				
	Christina Chartier, Executive		☐ Amondment (Must	Servido Suelenstien in Bort 2 \			
Ā	rea Code/Phone Number	E-mail		Amendment (Must Provide Explanation in Part 3.)			
7	760-322-8366	christina.chartier@	palmspringsc	a.gov	Date of Original Filing:	(month, day, year)	
2. F	unction or Event Infor						
Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ 175.00							
F	Event Description: Guide D	ogs of the Desert Fu		Date(s)02/		1	
		Provide Title/ Explai	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes	X No □ If	f no:	Name of Source		
٧	Vas ticket distribution made	e at the behest Yes			Official's Name (Last, First)		
	of agency official?	, 55 }			Official's Name (Last, First)		
	Recipients	***************************************					
<b>,</b> .	• Use Section A to identify the agen	ncy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to ider	ntify an outside organization.	
A. Name of Agency, Department or Unit			Number of Ticket(s)/	Number			
			Passes				
						4	
B. Name of Individual (Last, First)  Moon, Robert		Number of Ticket(s)/ Passes	Identify one of the following:				
			Ceremonial Role Other I Income If checking "Ceremonial Role" or "Other" describe below:				
			1	Public Purpo Section 1 (d)	se as defined by PS	Resolution No. 22454,	
	Roberts, J.R.		22.		onial Role Other I		
			1		se as defined by PS	Resolution No. 22454,	
	C. Name of Outside O		Number of Ticket(s)/ Passes			rsuant to the agency's policy	
			F 45565				
•							
	/erification						
	have read and understand FF vith the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set	forth above, is in accordance	
V	with the requirements.	-	id De - d		Cib. Manager		
-	Signature of Agency Head or Design		rid Ready		City Manager	(month, day, year)	
	g.a.a.s strigging ripage of Design		n constituti in mand MATE A			1000000 55/ 755/	
	Comment:					·	