Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp City of Palm Springs 2019 HAR 25 AM 10: 25 For Official Use Only Division, Department, or Region (if applicable) THE CITY CLERK 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 \$ 30.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: PSHA Member Luncheon 02 Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☐ No 🛛 If yes: 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 Middleton, Lisa If checking "Ceremonial Role" or "Other" describe below. 1 Public Purpose as defined by PS Resolution No. 22454, Section 1 (d)(vii)(ix) Ceremonial Role Other X Kors, Geoff If checking "Ceremonial Role" or "Other" describe below: 1 Public Purpose as defined by PS Resolution No. 22454, Section 1 (d)(vii)(ix) Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 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. David Ready City Manager Signature of Agency Head or Designee Print Name (month, day, year)

Comment:

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



Agency Name				
of Pa	Im Springs			
	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	
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:	
Holstege, Christy		1	Ceremonial Role Other Income I	
			Ceremonial Role Other Income	
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:	
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:	
<u>C.</u>	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy	