

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

A Public Document

1. Agency Name City of Palm Springs Division, Department, or Region <i>(if applicable)</i>		Date Stamp 2019 MAR 25 AM 10:25 OFFICE OF THE CITY CLERK	California Form 802 For Official Use Only
Designated Agency Contact <i>(Name, Title)</i> Christina Chartier, Executive Assistant to Mayor and Council		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
Area Code/Phone Number 760-322-8366	E-mail christina.chartier@palmspringsca.gov	Date of Original Filing: _____ <i>(month, day, year)</i>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 65.00

Event Description: Bldg Ind. Assoc. Mayor's Luncheon Date(s) 03 / 20 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Building Industry Association
Name of Source

Was ticket distribution made at the behest of agency official? Yes No 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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
Moon, Robert	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Public Purpose as defined by PS Resolution No. 22454, Section 1 (d)(vii)(viii)(ix)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	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.

	David Ready <small>Print Name</small>	City Manager <small>Title</small>	_____ <small>(month, day, year)</small>
Comment: _____			