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

A Public Document

1. Agency Name

City of Palm Springs

Division, Department, or Region *(if applicable)*

Date Stamp

California Form 802

For Official Use Only

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**
760-322-8366	christina.chartier@palmspringsca.gov

Date of Original Filing: _____ *(month, day, year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐   Face Value of Each Ticket/Pass $ 30.00

Event Description: PSHA Member Luncheon   Date(s) 03 / 21 / 19   ____ / ____ / ____
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐   If no: _____
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 *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
	Middleton, Lisa	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Public Purpose as defined by PS Resolution No. 22454, Section 1 (d)(vii)(viii)(ix)
	Kors, Geoff	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Public Purpose as defined by PS Resolution No. 22454, Section 1 (d)(vii)(viii)(ix)

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

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.

Signature of Agency Head or Designee	David Ready Print Name	City Manager Title	*(month, day, year)*

Comment: _____

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)