Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California City of Palm Springs Form 2019 MAY 14 PM 4: 50 Division, Department, or Region (if applicable) For Official Use Only Designated Agency Contact (Name. Title) Shari Wrona, Executive Services Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 760-322-8632 shari.wrona@palmspringsca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: Well in the Desert Aloha Fools Folly 04 01 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If 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)/ Passes Number B. Name of Individual 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. 1 Public Purpose as defined by PS Resolution No. 22454, Section 1 (d)(vii)(viii)(xi) Ceremonial Role Other 🗵 Middleton, Lisa If checking "Ceremonial Role" or "Other" describe below 1 Public Purpose as defined by PS Resolution No. 22454, Section 1 (d)(vii)(viii)(xi) Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Verification I have read and understand FPC 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 Print Name lead of Designee (month, day, year) Comment:

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



Agency Name				
ty of Pa	ılm 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	
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B .	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:	
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,			Ceremonial Role Other I Income If checking "Ceremonial Role" or "Other" describe below:	
,			Ceremonial Role Other I 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	
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