

**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)



**California Form 802**  
For Official Use Only

**Designated Agency Contact** (Name, Title)  
Shari Wrona, Executive Services Administrator

**Area Code/Phone Number** 760-322-8632  
**E-mail** shari.wrona@palmspringsca.gov

**Amendment** (Must Provide Explanation in Part 3.)  
**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) 04 / 25 / 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:
Moon, Robert	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Public Purpose as described by PS Resolution No. 22454, Section 1(d)(vii)(viii)(xi)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

David Ready  
Print Name

City Manager  
Title

(month, day, year)

Comment: \_\_\_\_\_