

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions RECEIVED
CITY OF PALM SPRINGS
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California Form **802**
For Official Use Only

1. Agency Name
 City of Palm Springs
 Division, Department, or Region (if applicable)
 Designated Agency Contact (Name, Title)
 Shari Wrona, Executive Services Administrator
 Area Code/Phone Number | E-mail
 760-322-8632 | shari.wrona@palmspringsca.gov

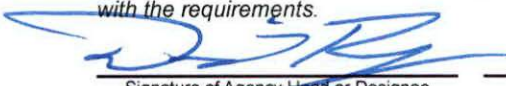
Amendment (Must Provide Explanation in Part 3.)
 Date of Original Filing: _____
 (month, day, year)

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) 07 / 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)(vi)(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
City Manager

Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: _____