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

**A Public Document**

**California Form 802**

For Official Use Only

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### 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 $ 75.00

Event Description: 6th. Annual DBA Hall of Fame Awards    Date(s) 12 / 12 / 19      12 / 12 / 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: |
|---|---|---|---|
| | Holstege, Christy | 1 | Ceremonial Role ☐  Other ☒  Income ☐<br>*If checking "Ceremonial Role" or "Other" describe below:*<br>Public Purpose as described by PS Resolution No. 22454, Section 1(d)(vii)(viii)(xi) |
| | Holstege, Adam | 1 | Ceremonial Role ☐  Other ☒  Income ☐<br>*If checking "Ceremonial Role" or "Other" describe below:*<br>Public Purpose as described by PS Resolution No. 22454, Section 1(d)(vii)(xi) |

| 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<br>Print Name | City Manager<br>Title | *(month, day, year)* |
|---|---|---|---|

Comment: _____