

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

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CITY OF PALM SPRINGS California
Form **802**

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 760-322-8632 E-mail shari.wrona@palmspringsca.gov
Date of Original Filing: _____ (month, day, year)


Amendment (Must Provide Explanation in Part 3.)

2. Function or Event Information
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 90.00
Event Description: 8th Annual Women Who Rule Gala Date(s) 01 / 24 / 20 01 / 22 / 20
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:
Kors, Geoff	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Public Purpose as described by PS Resolution No. 22454, Section 1 (d)(vi)(viii)(xi)
Middleton, Lisa	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Public Purpose as described by PS Resolution No. 22454, Section 1 (d)(vi)(viii)(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.

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

Comment: _____