	Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document						
-	Agency Name			The Carlotte and the ca			
	City of Palm Springs				Form OOL		
	Division, Department, or Region (if applicable)			20	20 APR 16 PM 2: 49 For Official Use Only		
				FICE OF THE CITY CLERK			
	Designated Agency Contact (Name, Title)			ויוט	TICE OF THE CITE OFFICE		
	Shari Wrona, Executive Services Administrator				Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number	,	1 - ,				
	760-322-8632	springsca.gov	/	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 \$ 350.00						
	Event Description: Mizell C	enter Stars Among U	s Gala	Date(s)02	<u></u>		
	Provide Title/Explanation						
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If no:				Name of Source		
	Was ticket distribution mad	e at the behest Yes [Official's Name (Last, First)				
	of agency official?				Onicial's Name (Last, First)		
	A. Name of Agency, Dep	partment or Unit	Number of Ticket(s)/ Passes	Describe the	he 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:			
	Woods, Dennis		2	Public Purp	monial Role Other Income In		
	Flood, Glenn			If che	monial Role Other Income Income Coking "Ceremonial Role" or "Other" describe below: sose as described by PS Resolution No. 22454, d)(x)		
	C. Name of Outside (include address an		Number of Ticket(s)/ Passes	Describe t	the public purpose made pursuant to the agency's policy		
4.	Verification I have read and understand F with the requirements.	PPC Regulations 18944	4.1 and 18942.	I have verified	I that the distribution set forth above, is in accordanc		
-	with the requirements.	Day	vid Ready		City Manager		
	Signature of Agency Head or Design	jnee F	rint Name		Title (month, day, year)		

Comment: _____

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



Paciniante					
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:			
Ames, Harold	2	Ceremonial Role Other Months Income Information of the Checking "Ceremonial Role" or "Other" describe below: Public Purpose as described by PS Resolution No. 22454, Section 1 (d)(x)			
Mejia, Anthony	2	Ceremonial Role Other Income Income			
Goedhart, Veronica	1	Ceremonial Role Other Income I			
Pauley, Nancy	1	Ceremonial Role Other Income Income			
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			