

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

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CITY OF PALM SPRINGS
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

Date Stamp: 2020 APR 16 PM 2:47
OFFICE OF THE CITY CLERK
 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: GCVC Business @ Breakfast Date(s) 02 / 01 / 20 02 / 01 / 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:
Middleton, Lisa	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: 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"/> If checking "Ceremonial Role" or "Other" describe below:
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: _____