

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

RECEIVED A Public Document
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

2020 AUG -5 AM 9: 54
 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 \$ 12.00

Event Description: Desert Sun's Stories of Homelessness Date(s) 11 / 07 / 19 11 / 07 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Desert Sun
Name of Source

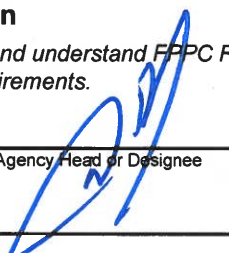
Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

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	2	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)(vii)(viii)(xi)
		Ceremonial Role <input type="checkbox"/> Other <input checked="" 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.

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

Comment: _____