

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

**A Public Document**

**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

RECEIVED  
CITY OF PALM SPRINGS  
Date Stamp  
2020 AUG -5 AM 9:54  
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California Form **802**  
For Official Use Only

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 \$ 395.00  
Event Description: Palm Springs Air Museum 2020 Gala Date(s) 02 / 21 / 20 02 / 21 / 20  
*Provide Title/Explanation*  
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Palm Springs Air Museum  
*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	2	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)(vii)(viii)(xi)
Woods, Dennis		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)(vii)(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.

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

Comment: \_\_\_\_\_

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

**Agency Name**

City of Palm Springs

**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"/> If checking "Ceremonial Role" or "Other" describe below: Public Purpose as described by PS Resolution No. 22454, Section 1(d)(vii)(viii)(xi)
Ready, David	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" 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)(vii)(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