

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

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<b>1. Agency Name</b> City of Palm Springs		CITY OF PALM SPRINGS Date Stamp 2020 AUG -5 AM 9:00 OFFICE OF THE CITY CLERK	California Form <b>802</b>
Division, Department, or Region (if applicable)			For Official Use Only
Designated Agency Contact (Name, Title) Shari Wrona, Executive Services Administrator		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 760-322-8632	E-mail shari.wrona@palmspringsca.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 \$ 49.37

Event Description: 2020 STATE OF THE REGION Date(s) 05 / 28 / 20 05 / 28 / 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:
HOLSTEGE, CHRISTY	1	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 defined by PS Resolution #22454, Section 1 (d)(vi)(vii)(viii)
		Ceremonial Role <input type="checkbox"/> Other <input 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 Date: 8/4/20  
(month, day, year)

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

# State of the Region

Non-Profit \$49.37



Thursday, May 28, 2020 from 10:00 AM to 12:00 PM (PDT)

Eventbrite Completed

Order Information

Order #1344154582. Ordered by Llubi Rios on May 14, 2020 5:19 PM

Name

Christy Holstege



13441545821880469456001

## Event Information:

Thank you for registering for our upcoming State of the Region, The Road to Recovery!

To join this live stream event, instructions and a hyperlink will be sent to the email used to register, as the date of the event approaches. If you need to change the email address that was used to register, please contact Melisa Castro at [mcastro@ieep.com](mailto:mcastro@ieep.com) with the subject line: State of the Region Email Change.

We look forward to your virtual attendance!

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