

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

RECEIVED
CITY OF PALM SPRING
Public Document

1. Agency Name City of Palm Springs		Date Stamp 2016 MAR 15 AM 9:08	California Form 802
Division, Department, or Region (If Applicable)		JAMES THOMPSON CITY CLERK	For Official Use Only
Designated Agency Contact (Name, Title) Jennifer Nelson, Executive Asst. to Mayor/Council		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 760-323-8200	E-mail jennifer.nelson@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 \$ 140.00

Event Description Opera Arts When I Rise Gala Date(s) 3 / 13 / 16
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No Yes 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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Moon, Robert	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Public Purpose as defined by PS Resolution No. 22454
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	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: [Signature] Print Name: David H. Ready Title: City Manager (Month, Day, Year)

Comment: _____