

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

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CITY OF PALM SPRING
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|--|--|--|---|
| 1. Agency Name City of Palm Springs | | Date Stamp 2016 MAY -9 AM 9: 24 | California Form 802 For Official Use Only |
| Division, Department, or Region (If Applicable) | | | |
| Designated Agency Contact (Name, Title) Jennifer Nelson, Executive Asst. to Mayor/Council | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |
| Area Code/Phone Number 760-323-8200 | E-mail jennifer.nelson@palm Springsca.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 125.00

Event Description Food and Wine Festival Palm Desert Date(s) 4 / 8 / 16
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: PS Life
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: |
| Blaisdell, Amy | 3 | 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 No. 22454 |
| Nelson, Jennifer | 3 | 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 No. 22454 |
| 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 |
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| | | |

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 H. Ready City Manager 05/05/16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)