

**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)

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California Form **802**
For Official Use Only

Designated Agency Contact (Name, Title)
Shari Wrona, Executive Services Administrator

Area Code/Phone Number: 760-322-8632
E-mail: shari.wrona@palmspringsca.gov

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 \$ 75.00
Event Description: Leadership Coachella Valley Graduat Date(s) 06 / 28 / 19
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)

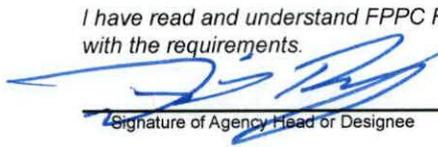
3. Recipients

• 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:
			Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
	Robert Moon	1	Public Purpose as described by PS Resolution No. 22454, Section 1 (d)(vi)(viii)(xi)
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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

David Ready
Print Name

City Manager
Title
(month, day, year)

Comment: _____