

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
City of Desert Hot Springs			For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title)			
Jerry Soriano, CMC, City Clerk			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(760) 329-6411 Ext. 107	jsoriano@cityofdhs.org	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 \$ _____ 10

Event Description Palm Springs Art Food & Wine Festival Date(s) 09 / 13 / 14 09 / 14 / 14
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Palm Springs Cultural AFWF
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: _____
Official's Name (Last, First)

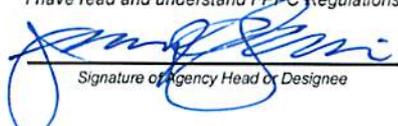
3. Recipients

• 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 <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Adam Sanchez	5	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Networking with other local officials
		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.

	Jerry Soriano, CMC	City Clerk	10/02/2014
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____