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

## 1. Agency Name
CITY OF PALM DESERT

Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)

JOHN M. WOHLMUTH, CITY MANAGER

Area Code/Phone Number: 760-346-0611
E-mail: jwohlmuth@cityofpalmdesert.org

Date of Original Filing: 03/27/15

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☑ No ☐

Face Value of Each Ticket/Pass $ 90.00

Event Description: Food & Wine Festival - El Paseo 2015

Date(s) 03 / 27 / 15 03 / 29 / 15

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑

If no. Palm Springs Life Magazine
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNITY DEVELOPMENT</td>
<td>4</td>
<td>City of Palm Desert Ticket Policy Section 6 (Resolution 09-17)</td>
</tr>
<tr>
<td>INFORMATION TECHNOLOGY</td>
<td>2</td>
<td>City of Palm Desert Ticket Policy Section 6 (Resolution 09-17)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>JONATHAN, SABBY</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>City of Palm Desert Ticket Policy Section 6 (Resolution 09-17)</td>
</tr>
</tbody>
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<th></th>
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<th>Ceremonial Role ☐ Other ☑ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPIEGEL, ROBERT</td>
<td>4</td>
<td>City of Palm Desert Ticket Policy Section 6 (Resolution 09-17)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

## 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: ____________________________

John M. Wohlmuth, City Manager 03/27/2015

(Full Name, Title, Month, Day, Year)

Comment: ____________________________

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)