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)
LAURI AYLAIAN, CITY MANAGER
Area Code/Phone Number E-mail  
760-348-0611 laylaian@cityofpalmdesert.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐  
Face Value of Each Ticket/Pass $150.00
Event Description: PALM DESERT FOOD & WINE  
Date(s) 03 / 24 / 17  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒  
If no: PALM SPRINGS LIFE  
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>CODE COMPLIANCE</td>
<td>2</td>
<td>City of Palm Desert Ticket Policy (Resolution No. 2017-07)</td>
</tr>
<tr>
<td>HOUSING</td>
<td>2</td>
<td>City of Palm Desert Ticket Policy (Resolution No. 2017-07)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
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</tr>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</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  
LAURI AYLAIAN  
Print Name  
CITY MANAGER  
Title  
03/28/17 (month, day, year)

Comment: ___________________________