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) 346-0611 lalayaian@cityofpalmdesert.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐

Event Description: Children’s Discovery Museum

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☑

Face Value of Each Ticket/Pass $9.95

Date(s) 10/12/17 1/1/18

If no: CHILDREN’S DISCOVERY MUSEUM

Name of Source

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>BUILDING &amp; SAFETY</td>
<td>2</td>
<td>City of Palm Desert Ticket Policy (Resolution No. 2017-07)</td>
</tr>
<tr>
<td>PUBLIC WORKS</td>
<td>8</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>
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<td></td>
<td></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>
<tbody>
<tr>
<td>CITY CLERK</td>
<td>2</td>
<td>City of Palm Desert Ticket Policy (Resolution No. 2017-07)</td>
</tr>
</tbody>
</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 CITY MANAGER 10/13/17 (month, day, year)

Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)