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 laylaian@cityofpalmdesert.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $25.00
Event Description: LIVE WELL FESTIVAL
Provide Title/Explanaton
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 06 / 06 / 18
If no: LIVE WELL FESTIVAL
Name of Source
If yes: ____________________________ Official's Name (Last, First)
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

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
PUBLIC WORKS 3 City of Palm Desert Ticket Policy (Resolution No. 2017-07)
ECONOMIC DEVELOPMENT 1 City of Palm Desert Ticket Policy (Resolution No. 2017-07)

B. Name of Individual (Last, First) Number of Ticket(s)/Passes Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
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
LAURI AYLAIAN
Print Name
CITY MANAGER
Title
01/04/18 (month, day, year)

Comment: ____________________________
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Continuation Sheet

**Agency Name:**
CITY OF PALM DESERT

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