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     E-mail
(760) 346-0611               jwohlmuth@cityofpalmdesert.org

Date Stamp
California Form 802
For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)
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 $_________________________ 8.00
Event Description: Southwest Arts Festival
Provide Title/Explanation
Date(s) 01/25/13 01/27/13
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: ____________________________________________
Name of Source

Was ticket distribution made at the behest of agency officials? 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>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>City Clerk's Office</td>
<td>2</td>
<td>Public Relations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization</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>(Include address and description)</td>
<td></td>
<td></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
John M. Wohlmuth
Print Name
City Manager
Title
01/25/13 (Month, Day, Year)

Comment: ____________________________