

**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

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CITY OF PALM SPRINGS

Public Document

1. Agency Name		Date Stamp	California Form 802
City of Palm Springs		2012 FEB 15 AM 10:10	For Official Use Only
Division, Department, or Region (if applicable)		JAMES THOMPSON CITY CLERK	
3200 E. Tahquitz Canyon Way			
Street Address			
Palm Springs, CA 92262			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Jennifer Nelson, Executive Asst. to Mayor and City Council		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
760-322-8366	jennifer.nelson@palmspringsca.gov		

2. Function, Event, or Ceremonial Role Information

Title Steve Chase Humanitarian Awards Face Value of Each Admission \$ 425.00

Description Fundraiser -Desert Aids Project Date(s) 02 / 11 / 2012

Ticket(s)/Admission(s) provided by agency? Yes No If no: Wells Fargo Foundation
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Councilmember Paul Lewin	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public Purpose defined by PS Resolution 22454	<input type="checkbox"/>
John Raymond, City Staff	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	"	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	"	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

I have verified that the distribution of admissions, set forth above,

David H. Ready City Manager 02/06/2012
Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)