

**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

**1. Agency Name**

Desert Healthcare District

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Chris Christensen, Chief Executive Officer

Area Code/Phone Number

760-323-6113

E-mail

cchristensen@dhcd.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 \$ 350.00

Event Description: The Joslyn Center Cafe Noir Date(s) 01 / 14 / 2025 01 / 14 / 2025  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
*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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Desert Healthcare District, Administration	2	FPCC 18944.1 (c) Public Purpose defined by DHCD Policy BOD-18
Desert Healthcare District, Programs	1	FPCC 18944.1 (c) Public Purpose defined by DHCD Policy BOD-18
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Rogers, Carole	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> FPCC 18944.1 (c) Public Purpose
Logsdon, Daniel	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> FPCC 18944.1 (c) Public Purpose
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:

Chris Christensen Chris Christensen Chief Executive Officer 4/3/2025  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

**Print Clear**

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions  
Continuation Sheet**

**Agency Name**

Desert Healthcare District

**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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
De Lara, Leticia	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> FPCC 18944.1 (c) Public Purpose
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 350.00

Event Description: Stepping Out for COD Date(s) 01 / 16 / 2025 01 / 16 / 2025

*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
*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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Desert Healthcare District, Administration	3	FPCC 18944.1 (c) Public Purpose defined by DHCD Policy BOD-18
<b>B. Name of Individual (Last, First)</b>		
		Identify one of the following:
Rogers, Carole	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> FPCC 18944.1 (c) Public Purpose
De Lara, Leticia	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> FPCC 18944.1 (c) Public Purpose
<b>C. Name of Outside Organization (include address and description)</b>		
		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.

Chris Christensen Chris Christensen Chief Executive Officer 4/3/2025  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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**Agency Name**

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**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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Logsdon, Daniel, MD	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> FPCC 18944.1 (c) Public Purpose
Rodriguez, Greg	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> FPCC 18944.1 (c) Public Purpose
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

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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 \$ 100.00

Event Description: Alianza Celebrando Nuestro Impacto Date(s) 01 / 30 / 2025 01 / 30 / 2025

*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
*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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Desert Healthcare District, Programs	1	FPCC 18944.1 (c) Public Purpose defined by DHCD Policy BOD-18
<b>B. Name of Individual (Last, First)</b>		
		Identify one of the following:
Rogers, Carole	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> FPCC 18944.1 (c) Public Purpose
De Lara, Leticia	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> FPCC 18944.1 (c) Public Purpose
<b>C. Name of Outside Organization (include address and description)</b>		
		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.

Chris Christensen Chris Christensen Chief Executive Officer 4/3/2025  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet

**Agency Name**

Desert Healthcare District

**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

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Barraza, Kimberly	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> FPCC 18944.1 (c) Public Purpose
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>

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

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Desert Healthcare District

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Chris Christensen, Chief Executive Officer

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cchristensen@dhcd.org

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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 \$ 125.00

Event Description: Variety the Children's Charity Lunch Date(s) 01 / 31 / 2025 01 / 31 / 2025

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Rogers, Carole	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: FPCC 18944.1 (c) Public Purpose
De Lara, Leticia	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: FPCC 18944.1 (c) Public Purpose
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: Chris Christensen Print Name: Chris Christensen Title: Chief Executive Officer Date: 4/3/2025  
(month, day, year)

Comment: \_\_\_\_\_

**Print Clear**

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet

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Desert Healthcare District

**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

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Barraza, Kimberly	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> FPCC 18944.1 (c) Public Purpose
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>

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

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# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
Desert Healthcare District			For Official Use Only
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title)			
Chris Christensen, Chief Executive Officer		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
Area Code/Phone Number	E-mail		
760-323-6113	cchristensen@dhcd.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 125.00

Event Description: Desert Arc Seventh Awards Luncheon    Date(s) 02 / 06 / 2025    02 / 06 / 2025  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Desert Healthcare District, Programs	3	FPCC 18944.1 (c) Public Purpose defined by DHCD Policy BOD-18
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
De Lara, Leticia	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> FPCC 18944.1 (c) Public Purpose
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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	Chris Christensen Print Name	Chief Executive Officer Title	4/3/2025 <small>(month, day, year)</small>
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Comment: \_\_\_\_\_

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Area Code/Phone Number	E-mail		
760-323-6113	cchristensen@dhcd.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: GCVCC Legislative Breakfast    Date(s) 02 / 28 / 2025    02 / 28 / 2025  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Desert Healthcare District, Administration	1	FPPC 18944.1 (c) Public Purpose defined by DHCD Policy BOD-18
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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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

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 <small>Signature of Agency Head or Designee</small>	Chris Christensen <small>Print Name</small>	Chief Executive Officer <small>Title</small>	4/3/2025 <small>(month, day, year)</small>
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Comment: \_\_\_\_\_

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Area Code/Phone Number	E-mail	Date of Original Filing: _____ <small>(month, day, year)</small>	
760-323-6113	cchristensen@dhcd.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 375.00

Event Description: Don't Mind Me Foundation Ball    Date(s) 03 / 08 / 2025    03 / 08 / 2025  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Rogers, Carole	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> FPCC 18944.1 (c) Public Purpose
Rodriguez, Greg	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> FPCC 18944.1 (c) Public Purpose
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**3. Recipients**

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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
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Area Code/Phone Number	E-mail		
760-323-6113	cchristensen@dhcd.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 200.00

Event Description: Boys & Girls Clubs CV Grand Derby    Date(s) 03 / 08 / 2025    03 / 08 / 2025  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes  No     If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
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 <small>Signature of Agency Head or Designee</small>	Chris Christensen <small>Print Name</small>	Chief Executive Officer <small>Title</small>	4/3/2025 <small>(month, day, year)</small>
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Comment: \_\_\_\_\_

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Date Stamp

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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 \$ 25.00

Event Description: Supervisor Perez Legislative Breakfast Date(s) 03 / 10 / 2025 03 / 10 / 2025

*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Desert Healthcare District, Administration	1	FPCC 18944.1 (c) Public Purpose defined by DHCD Policy BOD-18
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
De Lara, Leticia	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: FPCC 18944.1 (c) Public Purpose
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.

*Chris Christensen*

Chris Christensen

Chief Executive Officer

4/3/2025

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: \_\_\_\_\_

**Print**

**Clear**

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
Desert Healthcare District			For Official Use Only
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title)			
Chris Christensen, Chief Executive Officer		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
Area Code/Phone Number	E-mail		
760-323-6113	cchristensen@dhcd.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 400.00

Event Description: Mizell Center 50 & Fabulous    Date(s) 03 / 11 / 2025    03 / 11 / 2025  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Rogers, Carole	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> FPCC 18944.1 (c) Public Purpose
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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	Chris Christensen Print Name	Chief Executive Officer Title	4/3/2025 <small>(month, day, year)</small>
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Comment: \_\_\_\_\_

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
Desert Healthcare District			For Official Use Only
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title)			
Chris Christensen, Chief Executive Officer		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
Area Code/Phone Number	E-mail		
760-323-6113	cchristensen@dhcd.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: One Future CV The Future is Ours    Date(s) 03 / 21 / 2025    03 / 21 / 2025  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Desert Healthcare District, Administration	4	FPCC 18944.1 (c) Public Purpose defined by DHCD Policy BOD-18
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Rogers, Carole	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> FPCC 18944.1 (c) Public Purpose
Barraza, Kimberly	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> FPCC 18944.1 (c) Public Purpose
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.

 <small>Signature of Agency Head or Designee</small>	Chris Christensen <small>Print Name</small>	Chief Executive Officer <small>Title</small>	4/3/2025 <small>(month, day, year)</small>
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Comment: \_\_\_\_\_



**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions  
Continuation Sheet**

**Agency Name**

Desert Healthcare District

**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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
De Lara, Leticia	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> FPCC 18944.1 (c) Public Purpose
PerezGil, Evett	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> FPCC 18944.1 (c) Public Purpose
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

**Print**

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**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

**1. Agency Name**

Desert Healthcare District

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Chris Christensen, Chief Executive Officer

Area Code/Phone Number

760-323-6113

E-mail

cchristensen@dhcd.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 \$ 45.00

Event Description: Food Now Chili Cook Off Fundraiser Date(s) 03 / 28 / 2025 03 / 28 / 2025

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Rogers, Carole	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: FPCC 18944.1 (c) Public Purpose
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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.

*Chris Christensen*

Chris Christensen

Chief Executive Officer

4/3/2025

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: \_\_\_\_\_

**Print**

**Clear**

**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
Desert Healthcare District			For Official Use Only
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title)			
Chris Christensen, Chief Executive Officer		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
Area Code/Phone Number	E-mail		
760-323-6113	cchristensen@dhcd.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 500.00

Event Description: Steve Chase Humanitarian Awards    Date(s) 03 / 29 / 2025    03 / 29 / 2025  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Desert Healthcare District, Programs	1	FPCC 18944.1 (c) Public Purpose defined by DHCD Policy BOD-18
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Rogers, Carole	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> FPCC 18944.1 (c) Public Purpose
De Lara, Leticia	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> FPCC 18944.1 (c) Public Purpose
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.

 <small>Signature of Agency Head or Designee</small>	Chris Christensen <small>Print Name</small>	Chief Executive Officer <small>Title</small>	4/3/2025 <small>(month, day, year)</small>
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Comment: \_\_\_\_\_

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions  
Continuation Sheet**

**Agency Name**

Desert Healthcare District

**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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Rodriguez, Greg	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> FPCC 18944.1 (c) Public Purpose
Barraza, Kimberly	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> FPCC 18944.1 (c) Public Purpose
Shorr, Arthur	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> FPCC 18944.1 (c) Public Purpose
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

**Print**

**Clear**

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
Desert Healthcare District			For Official Use Only
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title)			
Chris Christensen		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
Area Code/Phone Number	E-mail		
760-567-0051	cchristensen@dhcd.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 60.00

Event Description: 4th District & CV Economic Update    Date(s) 04 / 17 / 2025    04 / 17 / 2025  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Desert Healthcare District, Administration	1	FPPC 18944.1 (c) Public Purpose defined by DHCD Policy BOD-18
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

 <small>Signature of Agency Head or Designee</small>	Chris Christensen <small>Print Name</small>	Chief Executive Officer <small>Title</small>	4/3/2025 <small>(month, day, year)</small>
---	--	---	---

Comment: \_\_\_\_\_

**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

**1. Agency Name**

Desert Healthcare District

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Chris Christensen, Chief Executive Officer

Area Code/Phone Number

760-323-6113

E-mail

cchristensen@dhcd.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 \$ 55.00

Event Description: Culturas Music & Arts - Women Rising Date(s) 03 / 08 / 2025 03 / 08 / 2025  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
*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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Barraza, Kimberly	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> FPCC 18944.1 (c) Public Purpose
PerezGil, Evett	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> FPCC 18944.1 (c) Public Purpose
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.

Chris Christensen Chris Christensen Chief Executive Officer 4/3/2025  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

**Print Clear**