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\rightarrow	_ []	LJI	11.	LJU			

C	eremoniai Role Even	ts and licket/P	ass Distri	butions	<i>F</i>	A Public Document
1.	Agency Name				Date Stamp	California Form 802
	Desert Healthcare District					Form OUZ
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Designated Agency Contact	(Name.Title)			-	
	Chris Christensen, Chief Ex Area Code/Phone Number	E-mail	Amendment (Must	Provide Explanation in Part 3.)		
			1		Date of Ovininal Filing	
	760-323-6113	cchristensen@dhcc	a.org		Date of Original Filing	(month, day, year)
<u>-</u> 2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy?	■ No□ F	ace Value of	Each Ticket/Pass \$ _	350.00
			,~ _			01 , 14 , 2025
	Event Description: The Jose	Provide Title/ Explai	D	ate(s)	/ <u>14</u> / <u>2025</u>	
	Ticket(s)/Pass(es) provided	•		no:		
	Ticket(3)/T ass(es) provided	by agency: 1es	1 100 11	110.	Name of Source	
	Was ticket distribution made	e at the behest Yes	¬ No.■ If	yes:		
	of agency official?	1001			Official's Name (Last, First)
3.	Recipients					
	• Use Section A to identify the ager	ncy's department or unit. •	Use Section B to i	dentify an individu	ual. Use Section C to ident	tify an outside organization.
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/	Describe th	e nublic nurnose made n	ursuant to the agency's policy
	A. Name of Agency, Dept	artificant or offic	Passes	Describe til	ie public purpose made po	arsuant to the agency a policy
	Desert Healthcare District	, Administration	0		4.1 (c) Public Purpos	se defined by DHCD
			2	Policy BOD	-18	
	Desert Healthcare District	, Programs		FPCC 1894	4.1 (c) Public Purpos	se defined by DHCD
			1	Policy BOD	-18	·
	R Name of Ind	ividual	Number		11 22 64	
	B. Name of Indi		of Ticket(s)/ Passes		Identify one of the	Tollowing:
				Cerem	nonial Role Other	Income
	Rogers, Carole		2		king "Ceremonial Role" or "Other" o	
				FPCC 1894	4.1 (c) Public Purpos	se
				Coron	nonial Role Other	■ Income
	Logsdon, Daniel		2		king "Ceremonial Role" or "Other" o	
			_	FPCC 1894	14.1 (c) Public Purpos	se
			Number		(6)	
	C. Name of Outside O		of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy
	·	. ,	Fasses			
4.	Verification					
	I have read and understand FF	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
	with the requirerments:					
	Chris Christen		nsen	Chief	f Executive Officer	4/3/2025
	Signature of Agency Head of Design	nee P	rint Name		Title	(month, day, year)
	0					
	Comment:					



gency Desert H	Name Healthcare District			
	pients	t • Usa Saction B to in	lentify 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 p	
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:	
			Ceremonial Role Other Inc. If checking "Ceremonial Role" or "Other" describe below:	come _
De L	ara, Leticia	2	FPCC 18944.1 (c) Public Purpose	
			Ceremonial Role Other Ind	come
			Ceremonial Role Other Inc If checking "Ceremonial Role" or "Other" describe below:	come
			Ceremonial Role Other Ind	come
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's p	olicy
	Print	Clear		

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JE	remoniai Role Even	ts and licket/P	ass Distr	ibutions	4	A Public Document
	Agency Name				Date Stamp	California Form 802
	Desert Healthcare District					
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Designated Agency Contact (
	Chris Christensen, Chief Ex				Amendment (Mus	t Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	760-323-6113	cchristensen@dhcc	d.org		Date of Original Filing	g:(month, day, year)
	Function or Event Infor	mation				050.00
	Does the agency have a ticl	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$.	350.00
	Event Description: Stepping	Out for COD	Г	Date(s) 01	<u>/ 16 / 2025</u>	01 , 16 , 2025
	Event Description.	Provide Title/ Explai	nation	Jaie(3)	/——/——	
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 📑	f no:		
	NAS tielest dieteibuities seeds		1	f vec:	Name of Source	
	Was ticket distribution made of agency official?	e at the benest Yes [_ No ■ '	f yes:	Official's Name (Last, Firs	ot)
	or agency officials					
	Recipients					
	• Use Section A to identify the ager	ncy's department or unit. •	Use Section B to	identify an individu	ual. Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
	Desert Healthcare District	, Administration	3	FPCC 1894 Policy BOD		se defined by DHCD
				T olloy Bob		
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of th	e following:
	(-9	1 43303	Ceren	nonial Role Other	Income [
	Rogers, Carole		2		king "Ceremonial Role" or "Other"	
				FPCC 1894	4.1 (c) Public Purpo	ese
				Ceren	nonial Role Other	Income
	De Lara, Leticia		2	If checi	king "Ceremonial Role" or "Other"	describe below:
				FPCC 1894	14.1 (c) Public Purpo	ose
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	oursuant to the agency's policy
_	Varification					
	Verification I have read and understand FF	PPC Regulations 18944	¹ .1 and 18942.	I have verified	that the distribution se	t forth above, is in accordance
	with the requirements. (Linis (Linistens	Chris Christe	nsen	Chie	f Executive Officer	4/3/2025
	Signature of Agency 445ad Besign		rint Name		Title	(month, day, year)
	Comment:					



	pients ection A to identify the agency's department or unit	• Use Section B to ic	dentify 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
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Logs	don, Daniel, MD	2	FPCC 18944.1 (c) Public Purpose
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Rodr	iguez, Greg	2	FPCC 18944.1 (c) Public Purpose
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income 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

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Agency Name				Date Stamp	California 802
Desert Healthcare District			1 01111		
Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
Designated Agency Contact ((Name, Title)			1	
Chris Christensen, Chief Ex	ecutive Officer			□ Amendment (Must I	Provide Evolunation in Part 2)
Area Code/Phone Number	E-mail			Amendment (mast r	Tovide Explanation III art 5.)
760-323-6113	cchristensen@dhcd	d.org		Date of Original Filing:	(month, day, year)
Function or Event Infor	l mation				
		■ No□ F	ace Value of	Fach Ticket/Pass \$	100.00
• •					01 , 30 , 2025
Event Description: Allariza	Provide Title / Evale	notion [oate(s)	<u> </u>	01 / 30 / 2025
Ticket(s)/Pass(es) provided	•		· no·		
Tionot(o)/T doo(oo) provided	by agonoy. 103			Name of Source	
Was ticket distribution made	e at the behest Yes [□ No ■ If	yes:	Official's Name (Last First)	
of agency official?				Official's Name (Last, First)	
-		C+' D.+- '			· · · · · · · · · · · · · · · · · · ·
Use Section A to identify the agent	ncy's department or unit. •		dentify an individu	ual. Use Section C to Identi	ity an outside organization.
A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
Desert Healthcare District	, Programs	1			e defined by DHCD
		l	Policy BOD)-18	
0 .		Number of Ticket(s)/		Identify one of the	following:
(Last, Fir	rst)	Passes			
Danier Carala					Income Income
Rogers, Carole		2			
			FPCC 1894	14.1 (c) Public Purpos	e
D 1 1 11 11 11			1		Income I
De Lara, Leticia		1		-	
			FPCC 1892	44.1 (c) Public Purpos	e
		of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy
(include address and	a description)	Passes			
	PPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set t	forth above, is in accordance
	Obside Obside		Old 1	f Eventher Office	4/2/2025
			Chief		4/3/2025
Signatur e of Agency ਜਿਵੇਬੇਖ ਹੈ Design	nee P	rint Name		Litle	(month, day, year)
Comment:					
	Agency Name Desert Healthcare District Division, Department, or Reg Designated Agency Contact (Chris Christensen, Chief Ex Area Code/Phone Number 760-323-6113 Function or Event Infor Does the agency have a ticket Description: Event Description: Alianza (Christels)/Pass(es) provided Was ticket distribution made of agency official? Recipients Use Section A to identify the agency Desert Healthcare Districted B. Name of Agency, Department of Characteristics Name of Outside Officials Verification I have read and understand From the requirements. Use Succession of Christels of Chris	Desert Healthcare District Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Chris Christensen, Chief Executive Officer Area Code/Phone Number E-mail cchristensen@dhcc Function or Event Information Does the agency have a ticket policy? Yes Event Description: Alianza Celebrando Nuestro Provide Title/ Expla Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest Yes of agency official? Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Desert Healthcare District, Programs B. Name of Individual (Last, First) Rogers, Carole De Lara, Leticia C. Name of Outside Organization (include address and description) Verification I have read and understand FPPC Regulations 18944 with the requisionments. Chris Christensignature of Agency Tagency Tagenc	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 Function or Event Information Does the agency have a ticket policy? Yes No Fevent Description: Alianza Celebrando Nuestro Impacto Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No Iffor agency official? Recipients - Use Section A to identify the agency's department or unit. Of Ticket(s)/ Passes Desert Healthcare District, Programs 1 B. Name of Individual (Last, First) Rogers, Carole C. Name of Outside Organization of Ticket(s)/ Passes Passes Verification I have read and understand FPPC Regulations 18944.1 and 18942. With the requising Management St. Chris Christensen Signature of Agency Hassetup Designee Print Name Print Name	Desert Healthcare District Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Chris Christensen, Chief Executive Officer Area Code/Phone Number	Date Stamp Desert Healthcare District Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Chris Christensen, Chief Executive Officer Area Code/Phone Number E-mail



	Healthcare District		
	pients ection A to identify the agency's department or unit.	. • Use Section B to id	dentify an individual. Use Section C to identify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
В.	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:
Barra	aza, Kimberly	1	FPCC 18944.1 (c) Public Purpose
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income 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

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Ceremonial Role Events and Ticket/Pass Distributions

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U		is and nicketh	ass Distri	Dutions	_	A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Desert Healthcare District					101111
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Designated Agency Contact	(Name,Title)			1	
	Chris Christensen, Chief Ex	ecutive Officer			Amondment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
	760-323-6113	cchristensen@dhc	d.org		Date of Original Filing	:(month, day, year)
2.	Function or Event Infor	mation				425.00
	Does the agency have a tic	ket policy? Yes			Each Ticket/Pass \$ _	125.00
	Event Description: Variety t	he Children's Charity Provide Title/ Expla	y Lunch	Date(s)	<u>/ 31 / 2025</u>	01 , 31 , 2025
	Ticket(s)/Pass(es) provided	•		f no:	Name of Source	
	Was tisket distribution made	at the beheat		f yes:		
	Was ticket distribution made of agency official?	e at the benest Yes	□ No ■ ''	yes	Official's Name (Last, First,	
	Use Section A to identify the ager Name of Agency, Dep.	· ·	Number of Ticket(s)/ Passes			rify an outside organization.
	B. Name of Ind	ividual	Number of Ticket(s)/		Identify one of the	followina:
	(Last, Fi	rst)	Passes		,	
	Rogers, Carole		1	If chec	nonial Role	
					nonial Role Other	Income
	De Lara, Leticia		1		king "Ceremonial Role" or "Other" o 44.1 (c) Public Purpos	
	C. Name of Outside C		Number of Ticket(s)/ Passes			ursuant to the agency's policy
_	Verification					
₹.	I have read and understand FF with the requirements.	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
	Chris Christense		ensen	Chie	f Executive Officer	4/3/2025
	Signature of Agency Head of Design	nee F	Print Name		Title	(month, day, year)
	Comment:					

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



	Healthcare District		
	pients ection A to identify the agency's department or unit.	. • Use Section B to id	dentify an individual. Use Section C to identify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
В.	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:
Barra	aza, Kimberly	1	FPCC 18944.1 (c) Public Purpose
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income 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

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C	eremoniai Role Even	is and nickeup	a55 DISIII	Dutions	<i>F</i>	A Public Document			
1.	Agency Name				Date Stamp	California 802			
	Desert Healthcare District					1 01111			
	Division, Department, or Reg	ion (if applicable)				For Official Use Only			
	Designated Agency Contact	(Name, Title)			1				
	Chris Christensen, Chief Ex	ecutive Officer			☐ Amendment /Must	Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail			Zamonamone (maser rovide Explanation in rain o.)				
	760-323-6113	cchristensen@dhcc	d.org		Date of Original Filing:(month, day, year)				
_	Function or Event Infor	l mation							
	Does the agency have a tick		■ N. □ F	ace Value of	Each Ticket/Pass \$ _	125.00			
	Descrit A								
	Event Description:	arc Seventh Awards I		oate(s)	/ <u>06</u> / <u>2025</u>	02			
	Ticket(a)/Dags(as) provided	Provide Title/ Explai		· no:					
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 If	no:	Name of Source				
	Was ticket distribution made	e at the behest Yes I	□ No ■ If	yes:					
	of agency official?	103 [Official's Name (Last, First	')			
	3 ,								
3.	Recipients								
	• Use Section A to identify the ager	ncy's department or unit. •	Use Section B to i	dentify an individu	ual. Use Section C to iden	tify an outside organization.			
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy			
	Desert Healthcare District	, Programs		FPCC 1894	44.1 (c) Public Purpos	se defined by DHCD			
		3	Policy BOD		•				
	Name of lead		Number						
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identify one of the following:				
				Ceren	nonial Role Other	Income			
	De Lara, Leticia		1		king "Ceremonial Role" or "Other" o				
				FPCC 1894	4.1 (c) Public Purpos	se			
				Ceren	nonial Role Other	□ Income □			
				_	king "Ceremonial Role" or "Other" o				
	Now of Outside O		Number						
	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy			
			1 40000						
_	V								
4.	Verification								
	I have read and understand FF with the requipments.	PPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance			
		Desir Obst		OL:	(F	A /2 /2025			
	Clinis Clinistense			Chief	ief Executive Officer 4/3/2025				
	Signature of Agency Head of Design	nee P	rint Name		Title	(month, day, year)			
	Comment:								

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<u>ce</u>	remoniai Role Even	ts and licket/P	ass Distr	ibutions		A Public Document		
۱. ا	Agency Name				Date Stamp	California Form 802		
	Desert Healthcare District							
Ī	Division, Department, or Reg	ion (if applicable)				For Official Use Only		
Ī	Designated Agency Contact	(Name, Title)			†			
	Chris Christensen, Chief Ex	ecutive Officer			Amandmant (44)	(B) (A) 5 (A) (A) (B) (A)		
_	Area Code/Phone Number	E-mail			Amendment (Mus	st Provide Explanation in Part 3.)		
	760-323-6113	cchristensen@dhcc	d.org		Date of Original Filing:(month, day, year)			
_	5					(monui, day, year)		
	Function or Event Infor		_		25.00			
	Does the agency have a ticl				Each Ticket/Pass \$			
	Event Description: GCVCC	Legislative Breakfas	<u>t</u>	Date(s)	<u>/ 28 / 2025</u>	02 , 28 , 2025		
		Provide Title/ Expla	nation					
•	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲	If no:	Name of Source			
,	Mos tisket distribution made	at the beheat at	_ I	f yes:	Name of Source			
	Was ticket distribution made	e at the benest Yes	□ No ■ ¹	ii yes	Official's Name (Last, Firs	st)		
	of agency official?							
3.	Recipients							
	Use Section A to identify the ager	ncy's department or unit. •	Use Section B to	identify an individu	ual. Use Section C to ide	ntify an outside organization.		
	• N 64 B		Number	.				
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/ Passes	Describe th	ie public purpose made p	oursuant to the agency's policy		
	Desert Healthcare District	, Administration	_	FPCC 1894	14.1 (c) Public Purpo	ose defined by DHCD		
		1	Policy BOD)-18	•			
	B. Name of Ind	ividual	Number		Identify one of the following:			
	(Last, Fir		of Ticket(s)/ Passes					
				Ceren	nonial Role Other	Income		
				If chec	king "Ceremonial Role" or "Other"	" describe below:		
				Ceren	nonial Role Other	Income		
				If chec	king "Ceremonial Role" or "Other"	" describe below:		
	Name of Outside O	rganization	Number	Doscribo th	Describe the public purpose made pursuant to the agency's policy			
	C. (include address and	d description)	of Ticket(s)/ Passes	Describe th	ie public purpose made p	raisuant to the agency's policy		
<u> </u>				<u> </u>				
	l have read and understand FF with th e re জ্জান্তান্যents.	PPC Regulations 18944	l.1 and 18942.	I have verified	that the distribution se	t forth above, is in accordance		
	Cliris Cliristensen	Chris Christe	nean	Chio	ef Executive Officer 4/3/202			
	Signature of Agents Head or Design		rint Name		Title	4/3/2025 (month_day_year)		
	Signature of Agency nead of Design	ice P	пп паше		riue	(month, day, year)		
	Comment:							

Docusign Envelope ID: F3228093-CE90-482A-A211-5EC4752D2DCA Agency Report ot: Ceremonial Role Events and Ticket/Pass Distributions

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Rogers, Carole 2 If checking "Ceremonial Role" or "Other" describe below: FPCC 18944.1 (c) Public Purpose Rodriguez, Greg 2 Ceremonial Role Other Income 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 Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordant with the requirements. Units Units Units Units Units Units Christensen Chief Executive Officer 4/3/2025	UE	remoniai Role Even	is and nicke	WPass Disti	ibulions		A Public Document		
Designated Agency Contact (Name, Title) Chris Christensen, Chief Executive Officer Area Code/Phone Number 760-323-6113 Cochristensen@dhod.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 Provide Title Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Was ticket distribution made at the behest Yes No If yes: Official's Name of Source If yes: Official's Name (Last, First) B. Name of Agency, Department or Unit Number of The Section A to identify the agency's department or unit. Use Section B to identify an individual (Last, First) B. Name of Individual (Last, First) Regers, Carole 2 Caronomial Relo Chee Innormation Regions, Carole Coronomial Relo Chee Innormation Coronomial Relo Chee Innormation Provide Explanation Innormatical I		Agency Name		Date Stamp					
Designated Agency Contact (Name, Title) Chris Christensen, Chief Executive Officer Area Codd/Phone Number		Desert Healthcare District					101111		
Chris Christensen, Chief Executive Officer Area Code/Phone Number E-mail christensen@dhcd.org Date of Original Filling: (month, day, year) 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 Provide Titled Explanation Part of Titled Explanation Date of Original Filling: (month, day, year) Event Description: Don't Mind Me Foundation Ball Provide Titled Explanation Date of Ticket(s)/Pass(es) provided by agency? Yes No If no: 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 8 to identify an individual. Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy Passes Corremonal Rate Other Income Incom		Division, Department, or Reg	ion (if applicable)				For Official Use Only		
Chris Christensen, Chief Executive Officer Area Code/Phone Number 760-323-6113 Christensen@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 Provide Titlet Explanation Ticket(s)/Pass(es) provided by agency? Yes No Face Value of Each Ticket/Pass \$ 03 , 08 , 2025 Was ticket distribution made at the behest Yes No Figure If yes: Official? 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 Official? B. Name of Individual (Last. First) Rogers, Carole 2 Forcemonal Role Other Information Rogers, Carole 2 Coremonal Role Other Information Rodriguez, Greg 2 Coremonal Role Other Information Number of Ticket(s) Passes Coremonal Role Other Information Income of Acetory Passes Coremonal Role Other Information Income of Acetory Passes Rodriguez, Greg 2 Coremonal Role Other Information Number of Rodriguez, Greg 2 Coremonal Role Other Information Income of Acetory Passes Coremonal Role Other Information Income of Acetory Passes Rodriguez, Greg 2 Coremonal Role Other Information Income of Acetory Passes Coremonal Role Other Information Income of Acetory Passes Rodriguez, Greg 2 Rodriguez, Greg 2 Coremonal Role Other Information Income of Acetory Passes Rodriguez, Greg 3 Income Rodriguez, Greg 4 Verification Invariance read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordant with the prepublic Purpose Chris Christensen									
Area Code/Phone Number 760-323-6113		Designated Agency Contact ((Name,Title)]			
Area Code/Phone Number 760-323-6113		Chris Christensen, Chief Ex	ecutive Officer			Amendment (Mus	st Provide Explanation in Part 3)		
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 Provide Title Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source Was ticket distribution made at the behest Yes No If no: Name of Source Was ticket distribution made at the behest Yes No If no: Name of Source Was ticket distribution made at the behest Yes No If no: Name of Source Was ticket distribution made at the behest Yes No If no: Name of Source Was ticket distribution made at the behest Yes No If no: Name of Source Was ticket distribution made at the behest Yes No If no: Name of Source Was ticket distribution made at the behest Yes No If no: Name of Source Was ticket distribution made at the behest Yes No If no: Name of Source Was ticket distribution made at the behest Yes No If no: Name of Source Name of Source Name of Source Name of Agency, Department or Unit Number of Ticket(s) Passes Ceremonial Role Other Income Income Income Income Income Income Income Income		Area Code/Phone Number	E-mail				ar i on a care and a c		
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 Provide Title Explanation Ticket(s)/Pass(es) provided by agency? Yes No Date(s) 03 , 08 , 2025 Was ticket distribution made at the behest Yes No Fisheration Was ticket distribution made at the behest Yes No Fisheration Was ticket distribution made at the behest Yes No Fisheration Was ticket distribution made at the behest Yes No Fisheration Was ticket distribution made at the behest Yes No Fisheration Was ticket distribution made at the behest Yes No Fisheration Was ticket distribution made at the behest Yes No Fisheration Was ticket distribution made at the behest Yes No Fisheration Was ticket distribution made at the behest Yes No Fisheration Was ticket distribution made at the behest Yes No Fisheration Was ticket distribution made at the behest Yes No Fisheration Was ticket distribution made at the behest Yes No Fisheration If no: Name of Source Name of Source Name of Agency, Department or unit. Use Section B to Identify an individual. Use Section C to Identify an outside organization. Number of Ticket(s)/ Passes Ceremonial Role Other Fisheration Describe the public purpose Income ### Corrections Role Other Fisheration Describe the public purpose made pursuant to the agency's policy Passes C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes PECC 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 Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Passes Ceremonial Role Other Fisheration Describe the public purpose made pursuant to the agency's policy Passes Ceremonial Role Other Fisheration Describe the public purpose made pursuant to the agency's policy Passes Ceremonial Role Other Fisheration Describe the public pur		760-323-6113	cchristensen@	dhcd.org		Date of Original Filin	g:(month, day, year)		
Event Description: Don't Mind Me Foundation Ball Provide Title Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source Was ticket distribution made at the behest Yes No If no: Name of Source Was ticket distribution made at the behest 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 Officeal(s)/Passes B. Name of Individual (Last, First) Caremonial Role Other Income If the desired Technique Te	<u>-</u>	Function or Event Infor	mation						
Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:		Does the agency have a ticl	ket policy?	⁄es ■ No □ 「	ace Value of	Each Ticket/Pass \$	3/5.00		
Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:		Event Description, Don't Mil	nd Me Foundatio	n Ball ,	Data(a) 03	, 08 , 2025	03 , 08 , 2025		
Was ticket distribution made at the behest Yes No fagency official? No fagency official? No fagency official? No fagency official? Officials Name (Last, First) Officials Name (Last, First) Officials Name (Last, First) Number of Ticket(s) Passes B. Name of Agency, Department or Unit of Ticket(s) Passes Rogers, Carole		Event Description		Jale(s)	/				
Mast ticket distribution made at the behest Yes □ No ■ If yes: of agency official? 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 of Ticket(s)/Passes B. Name of Individual (Last, First) Passes Official's Name (Last, First) Describe the public purpose made pursuant to the agency's policy Passes Ceremonial Role □ Other ■ Income 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 Official's Name (Last, First) Describe the public purpose made pursuant to the agency's policy passes Income If checking *Ceremonial Role* or *Other* describe below: FPCC 18944.1 (c) Public Purpose C. Name of Outside Organization of Ticket(s)/Passes One of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy passes 1. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordant with the regibire thems. Chris Christensen Chief Executive Officer 4/3/2025		Ticket(s)/Pass(es) provided	by agency?	∕es ■ No □ I	f no:				
A. Name of Agency, Department or Unit Number of Ticket(s): Passes Peccipients 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 Passes Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy Rogers, Carole 2									
Name of Agency, Department or Unit Section B to identify an individual. Use Section C to identify an outside organization.			e at the behest	∕es 🔲 No 🔳 ່	t yes:	Official's Name (Last, Fir	st)		
**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 of Ticket(s)/Passes B. Name of Individual (Last, First) Passes Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy		of agency official?							
**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 of Ticket(s)/Passes B. Name of Individual (Last, First) B. Name of Individual (Last, First) Final (Last, F	_	Recipients							
A. Name of Agency, Department or Unit of Ticket(s)/ Passes B. Name of Individual (Last, First) Rogers, Carole 2 Ceremonial Role Other Income Inc		•	ncy's department or ur	ual. Use Section C to ide	ntify an outside organization.				
B. Name of Individual (Last, First) Rogers, Carole 2 Ceremonial Role Other Income I			Number	T					
Rogers, Carole Ceremonial Role Other Income In		A. Name of Agency, Depa		Describe th	ne public purpose made _l	pursuant to the agency's policy			
Rogers, Carole Ceremonial Role Other Income In									
Rogers, Carole Ceremonial Role Other Income In									
Rogers, Carole Ceremonial Role Other Income In									
Rogers, Carole Ceremonial Role Other Income In									
Rogers, Carole 2 Ceremonial Role ☐ Other ☐ Income If checking "Ceremonial Role ☐ Other ☐ Income FPCC 18944.1 (c) Public Purpose Ceremonial Role ☐ Other ☐ Income If checking "Ceremonial Role ☐ Other ☐ Other ☐ Income If checking "Ceremonial Role ☐ Other ☐ Other ☐ Income If checking "Ceremonial Role ☐ Other ☐ Income If checking "Ceremonial Role ☐ Other ☐ Income If checking "Ceremonial Ro		D Name of Indi	ividual			ldoutifi, one of th	o fallouine.		
Rogers, Carole 2 If checking "Ceremonial Role" or "Other" describe below: FPCC 18944.1 (c) Public Purpose Ceremonial Role					g/ identity one of the following:				
FPCC 18944.1 (c) Public Purpose Rodriguez, Greg 2 Ceremonial Role Other Income Income 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 Passes 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. Units					Ceren	nonial Role Other	Income _		
Rodriguez, Greg 2 Ceremonial Role Other Income		Rogers, Carole		2	If chec				
Rodriguez, Greg 2 If checking "Ceremonial Role" or "Other" describe below: FPCC 18944.1 (c) Public Purpose C. Name of Outside Organization (include address and description) Passes Describe the public purpose made pursuant to the agency's policy Passes 1. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordant with the requirements. Unit Unit Unit Christensen Chief Executive Officer 4/3/2025					FPCC 1894	944.1 (c) Public Purpose			
FPCC 18944.1 (c) Public Purpose C. Name of Outside Organization (include address and description) Passes Describe the public purpose made pursuant to the agency's policy Passes 1. 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. Whis Unistruscus Chris Christensen Chief Executive Officer 4/3/2025									
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 Passes 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. Luis Luistussus Chris Christensen Chief Executive Officer 4/3/2025		Rodriguez, Greg		2	If chec	king "Ceremonial Role" or "Other	" describe below:		
C. Name of Outside Organization (include address and description) of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy 1. 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. With Unifuse Chris Christensen Chief Executive Officer 4/3/2025					FPCC 1894	44.1 (c) Public Purp	ose		
1. 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. Unis Unistrusian Chris Christensen Chief Executive Officer 4/3/2025					Describe th	ne public purpose made i	oursuant to the agency's policy		
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. Chief Executive Officer 4/3/2025		(include address and	d description)				,,		
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. (Livis Livistumsum Chris Christensen Chief Executive Officer 4/3/2025									
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 Chief Executive Officer 4/3/2025									
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 Chief Executive Officer 4/3/2025									
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. Chief Executive Officer 4/3/2025									
with the requirements. (Luris Curistumsum Chris Christensen Chief Executive Officer 4/3/2025	4.	Verification							
Chris Christensen Chief Executive Officer 4/3/2025			PPC Regulations 1	8944.1 and 18942.	I have verified	that the distribution se	et forth above, is in accordance		
007010770170110		· · · · · · · · · · · · · · · · · · ·							
Signature of Agency Head or Designee Print Name Title (month, day, year)		(Uns Unistenser	Chris Chi	ristensen	Chie	f Executive Officer	4/3/2025		
		Signature of Agency Head or Design	nee	Print Name		Title	(month, day, year)		
Comment:		Comment:							



\gency I Desert H	Name Healthcare District		
	pients	Allsa Saction P to ic	dentify an individual. Use Section C to identify an outside organization.
A.	Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy
A.		Passes	
В.	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:
Logs	don, Daniel	2	FPCC 18944.1 (c) Public Purpose
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
			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

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C	eremoniai Role Even	is and nickeup	'a55 DISIII	Dutions	A	Public Document		
1.	Agency Name			Date Stamp	California 802			
	Desert Healthcare District					1 01111		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only		
	Designated Agency Contact ((Name, Title)			1			
	Chris Christensen, Chief Ex	ecutive Officer			Amendment (Must l	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			June 1 June 1 June 2 July 2 Ju			
	760-323-6113	cchristensen@dhcd	d.org		Date of Original Filing:	(month, day, year)		
_	Function or Event Infor	l mation						
	Does the agency have a tick		.	ace Value of	Each Ticket/Pass \$ _	200.00		
	<u> </u>		,, _					
	Event Description: Boys & C	Sins Clubs CV Grand	Derby C	oate(s)	082025	03 / 08 / 2025		
	Ticket(s)/Pass(es) provided	Provide Title/ Expla		· no:				
	ricket(s)/rass(es) provided	by agency: Yes	■ NO 🔲 II	110	Name of Source			
	Was ticket distribution made	e at the behest Yes I	□ No ■ If	yes:	Official's Name (Last, First)			
	of agency official?	100	Official's Name (Last, First)					
3.	Recipients							
	Use Section A to identify the ager	ncy's department or unit. •	ual. Use Section C to identi	ify an outside organization.				
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy		
	Desert Healthcare District	, Administration	_		4.1 (c) Public Purpos	e defined by DHCD		
		2	Policy BOD)-18				
	B. Name of Indi	ividual	Number of Ticket(s)/		Identify one of the	following:		
	(Last, Fir	rst)	Passes	,				
					nonial Role Other	Income _		
	De Lara, Leticia		2		checking "Ceremonial Role" or "Other" describe below:			
				FPCC 1894	l4.1 (c) Public Purpos	e		
					nonial Role Other	_		
				If checi	king "Ceremonial Role" or "Other" de	escribe below:		
	C. Name of Outside O		Number of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy		
	(monade dadress dire	a description,	Passes					
_	N. 161 41							
4.	Verification							
	I have read and understand FF with the requirements.	PPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set f	forth above, is in accordance		
	Clinis Clinistensu	A Chris Christs	ncon	Chie	f Executive Officer	4/3/2025		
	005010550180110				Title			
	Signature of Agency Head of Design	ice P	rint Name		riue	(month, day, year)		
	Comment:							

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

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C	eremoniai Role Even	is and nickelin	a55 DISti1	DULIONS	A	Public Document		
1.	Agency Name			Date Stamp California Form 802				
	Desert Healthcare District					i Oilli		
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only		
	Designated Agency Contact	(Name, Title)			1			
	Chris Christensen, Chief Ex	ecutive Officer			Amendment (Must 5	rovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Amendment (Must F	TOVIGE Explanation III Fait 5.)		
	760-323-6113	cchristensen@dhcc	d.org		Date of Original Filing:(month, day, year)			
<u> </u>	Function or Event Infor	mation						
	Does the agency have a ticl	ket policy?	■ No□ F	ace Value of	Each Ticket/Pass \$	25.00		
	Cumamila	sor Perez Legislative				03 , 10 , 2025		
	Event Description: Supervis	Provide Title/ Explai	nation	Date(s)	<u> 10 2020 </u>			
	Ticket(s)/Pass(es) provided	•		no:				
	(-)/()/				Name of Source			
	Was ticket distribution made	at the behest Yes [□ No 🔳 lf	yes:	Official's Name (Last, First)			
	of agency official?				Official's Name (Last, 1 list)			
_	D							
3.	Recipients	acu's danartmant ar unit	Usa Castian P to i	dontify an individu	ual Also Sostion C to identif	fuan autoida arganization		
	Use Section A to identify the ager	icy's department or unit.	ual. Use Section C to identif	y an outside organization.				
	A. Name of Agency, Department	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy		
	Desert Healthcare District	, Administration	1		4.1 (c) Public Purpose	e defined by DHCD		
		1	Policy BOD	-18				
			Number					
	B. Name of Indi		of Ticket(s)/		Identify one of the following:			
	(Luot, I II	<u> </u>	Passes					
	De Lara, Leticia		1		nonial Role Other Other or "Other deking "Ceremonial Role" or "Other" de	Income scribe below:		
	Do Lara, Londia			FPCC 1894	4.1 (c) Public Purpos	<u>.</u>		
					nonial Role Other _ king "Ceremonial Role" or "Other" de	_		
	N (0.4.11.0		Number					
	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy		
_	Verification							
+.		DDC Begulations 19044	1 1 and 10010	I have verified	that the distribution act f	orth above in in consumer		
	I have read and understand FF with the read sine thents.	TEC REGUIATIONS 18944	i. i aliu 18942. i	i nave verilled i	ırıat tire distribution set f	orur above, is in accordance		
	Chris Christenser					Chief Executive Officer 4/3/2025		
	Signature of Agency Agad or Design		rint Name		Title	(month, day, year)		
	2.g. a.a. 2 217 igono, Hoda of Design	11	1100	(month, day, year)				
	Comment:							

Ceremonial Role Events and Ticket/Pass Distributions

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Ceremoniai Noie Ever	its and nicketh	นออ D เอแเ	Dutions	^	Fublic Document
1. Agency Name				Date Stamp	California 802
Desert Healthcare District					TOTAL COL
Division, Department, or Re	gion (if applicable)				For Official Use Only
Designated Agency Contact	h (Al T'U-)				
Designated Agency Contact					
Chris Christensen, Chief E				Amendment (Must P	rovide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
760-323-6113	cchristensen@dhcc	d.org		Date of Original Filing:	(month, day, year)
2. Function or Event Info	rmation				
Does the agency have a ti	cket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	400.00
Event Description: Mizell C				112025	03 , 11 , 2025
Event Description:	Provide Title/ Explai	mation	Date(s)		
Ticket(s)/Pass(es) provide	•		f no:		
110KGK(6)/1 GGG(6G) p16VIGG	a by agonoy. 103		110.	Name of Source	
Was ticket distribution mad	le at the behest Yes [¬ No ■ If	f yes:	Official's Name (Last, First)	
of agency official?				Official's Name (Last, First)	
3. Recipients					
 Use Section A to identify the age 	ency's department or unit. •	Use Section B to i	dentify an individu	ual. Use Section C to identif	y an outside organization.
Δ Name of Agency, De	nortment or Unit	Number	Describe th	o nublic nurnose made nur	suant to the agency's policy
A. Name of Agency, De	partment or Unit	of Ticket(s)/ Passes	Describe tri	ie public purpose made pur	suant to the agency's policy
		Number			
B. Name of In		of Ticket(s)/		Identify one of the f	ollowing:
(Last, 1	not)	Passes			
Pagara Carala		2		nonial Role Other Other or "Other deking "Ceremonial Role" or "Other" de	Income scribe below:
Rogers, Carole					
			FFCC 1694	4.1 (c) Public Purpose	
				nonial Role Other	_
			If check	king "Ceremonial Role" or "Other" de	scribe below:
Name of Outside		Number of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
(include address ar	na description)	Passes			
4. Verification					
I have read and understand F	PPC Regulations 18044	1 and 18042	I have verified	that the distribution set fo	orth above is in accordance
with the r equi rements.	TTO Negalations 10944	. i ana 10342.	i nave vermeu i	anat tire distribution 36t f	orar above, is in accordance
Chris Christen	Sean Chris Christe	nsen	Chief	f Executive Officer	4/3/2025
Signature of Agency Fread of Desi		rint Name		Title	(month, day, year)
Signature of Agency rieder of Desi	yiice P	IIII INAIIIC		rille	(monun, day, year)
Comment:					

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remomal Note Even	to and nicketh	a33 DI3111	Dulions	•	A Public Document	
Agency Name		Date Stamp	California 802			
Desert Healthcare District					1 01111	
Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
Designated Agency Contact ((Name, Title)	1				
Chris Christensen, Chief Ex	ecutive Officer			☐ Amendment (Must	Provide Explanation in Part 2 \	
Area Code/Phone Number	E-mail			Amendment (Music	Frovide Explanation III Fait 3.)	
760-323-6113	cchristensen@dhc	d.org		Date of Original Filing	:(month, day, year)	
Function or Event Infor	⊔ mation					
Does the agency have a ticl	ket policy?	■ No□ F	ace Value of	Each Ticket/Pass \$ _	150.00	
0 Ft					03 , 21 , 2025	
Event Description:		1 21 1 2020				
Ticket(s)/Pass(es) provided	•					
		Name of Source	_			
Was ticket distribution made	e at the behest Yes	Official's Name (Last First	·)			
of agency official?					,	
Deciniente						
•	ocy's department or unit •	Use Section R to i	dentify an individu	ual ♦Ise Section C to iden	tify an outside organization	
ose section in to identify the ager	icy 3 department of unit.	dai. Ose section e to iden	tily dirioutside organization.			
A. Name of Agency, Depart	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy	
Desert Healthcare District	, Administration	4			se defined by DHCD	
		4	Policy BOD) - 18		
D .	Name of Individual			Identify one of the following:		
(Last, Fir	st)	Passes		•		
D 0 1						
Rogers, Carole		2				
			FPCC 1894	4.1 (c) Public Purpos	se 	
5 10 1						
Barraza, Kimberly		1		-		
			FPCC 1892	44.1 (c) Public Purpo	Se 	
		Number of Ticket(s)/	Describe th	ne public purpose made pu	ursuant to the agency's policy	
(include address and	i description)	Passes				
	PPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance	
	Olevie Olevie		01:1	f Evenuella of Office	4/3/2025	
			Chief			
Signature আমন্ত্রভাগৈত্যশিল্পরিবর্তন Design	nee P	rint Name		Title	(month, day, year)	
Comment:						
	Agency Name Desert Healthcare District Division, Department, or Reg Designated Agency Contact (Chris Christensen, Chief Ex Area Code/Phone Number 760-323-6113 Function or Event Information Does the agency have a tick Event Description: One Futter Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? Recipients Use Section A to identify the agency of A. Name of Agency, Departments Name of India (Last, Fire) Rogers, Carole Barraza, Kimberly C. Name of Outside Of (include address and contact of the contact	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 Function or Event Information Does the agency have a ticket policy? Yes Event Description: One Future CV The Future is Provide Title/ Explain Ticket(s)/Pass(es) provided by agency? Yes of agency official? Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Desert Healthcare District, Administration B. Name of Individual (Last, First) Rogers, Carole Barraza, Kimberly C. Name of Outside Organization (include address and description) Verification I have read and understand FPPC Regulations 1894-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	Desert Healthcare District	Desert Healthcare District Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Chris Christensen, Chief Executive Officer Area Code/Phone Number	Date Stamp Describe Healthcare District Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Chris Christensen, Chief Executive Officer Area Code/Phone Number E-mail Date of Original Filling For 323-6113 Cornistensen@dhcd.org Date of Original Filling Function or Event Information Does the agency have a ticket policy? Yes ■ No □ Face Value of Each Ticket/Pass \$ Event Description: One Future CV The Future is Ours Provide Table Explanation Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no: Was ticket distribution made at the behest Yes □ No ■ If no: Was ticket distribution made at the behest Yes □ No ■ If yes: □ Official's Name (Last, First) Recipients *Use Section A to identify the agency's department or unit. *Use Section B to identify an individual. Use Section C to iden A. Name of Agency, Department or Unit or Number of Ticket(s)/ Passes Desert Healthcare District, Administration B. Name of Individual (Last, First) B. Name of Individual (Last, First) Rogers, Carole 2 Caromonial Role □ Other if the beauty Technical Role □ Other if the Describe the public Purpose made properties of Ticket(s)/ Passes Rogers, Carole C. Name of Outside Organization Official Role □ Other if the Describe Role □ Other of Ticket(s)/ Passes C. Name of Outside Organization Other if the Describe Role Describe Rol	



	-		7.1 dono Boodinone
gency			
	Healthcare District		
	pients ection A to identify the agency's department or unit		dentify an individual. Use Section C to identify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
De L	ara, Leticia	2	FPCC 18944.1 (c) Public Purpose
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Pere	zGil, Evett	1	FPCC 18944.1 (c) Public Purpose
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			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

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Ceremonial Role Events and Ticket/Pass Distributions

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U	eremoniai ivole Even	ts and nicketh	a33 DI3111	Dutions		
1.	Agency Name				Date Stamp	California 802
	Desert Healthcare District					. 51
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Designated Agency Contact	(Name, Title)			1	
	Chris Christensen, Chief Ex	ecutive Officer			Amondment (Miss)	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Must F	Provide Explanation in Part 3.)
	760-323-6113	cchristensen@dhc	d.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			45.00	
	Does the agency have a tic	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$ _	45.00
	Event Description: Food No	ow Chili Cook Off Fur	<u>/ 28 / 2025</u>	03 , 28 , 2025		
	Ticket(s)/Pass(es) provided	•		no:	Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes	□ No ■ ^{I†}	yes:	Official's Name (Last, First)	
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	B. Name of Ind	ividual	Number of Ticket(s)/		Identify one of the	following:
	(Last, Fil	rst)	Passes			
	Rogers, Carole		2	If checi	nonial Role	
					nonial Role Other C	_
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
<u> </u>	Verification					
	I have read and understand FF with the requirements.	PPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set t	forth above, is in accordance
	Chris Christense		nsen	Chie	f Executive Officer	4/3/2025
	Signature of Agency Head of Design	nee P	rint Name		Title	(month, day, year)
	Comment:					

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

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ncy Name				D / G/	0 116 1			
iloy italiic		Date Stamp	California 802					
ert Healthcare District					1 31111			
sion, Department, or Regi	on (if applicable)			1	For Official Use Only			
gnated Agency Contact (Name, Title)			1				
s Christensen, Chief Ex	ecutive Officer			Amendment (Must Pr	ravide Evalenation in Part 3)			
Code/Phone Number	E-mail			Amendment (Mast 17	ovide Explanation III I all 3.)			
323-6113	cchristensen@dhcd	.org		Date of Original Filing: -	(month, day, year)			
ection or Event Infor	nation							
		■ Na□ F	ace Value of	Fach Ticket/Pass \$	500.00			
Ctava Ch					03 , 29 , 2025			
nt Description:		1_29_1_2023	03 / 29 / 2025					
et(s)/Pass(es) provided	•							
ot(0)/1 400(00) provided	by agonoy. Tes	Name of Source						
ticket distribution made	at the behest Yes	Official's Name (Last First)						
agency official?				Oniciai's Name (Last, First)				
-	cu's department or unit . • I	Ica Caction P to i	dontify an individu	ual Also Soction C to identif	van autsida arganization			
se Section A to identify the agen	cy's department or unit.	ual. Use Section C to identify	y an outside organization.					
Name of Agency, Depa	ertment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy			
esert Healthcare District	, Programs	1			defined by DHCD			
		'	Policy BOD	-18				
B. Name of Individual				Identify one of the following:				
		Passes	identify one of the following:					
					Income			
ogers, Carole		2						
			FPCC 1894	l4.1 (c) Public Purpose)			
					Income			
e Lara, Leticia		2		-				
			FPCC 1894	44.1 (c) Public Purpose				
		Number of Ticket(s)/	Describe th	the public purpose made pursuant to the agency's policy				
(ilicidue address alid	description)	Passes						
161 41								
	PC Regulations 18944.	.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance			
· ·	Chris Christer	2000	Ob:-4	f Evocutive Officer	4/2/2025			
			Cniei		4/3/2025			
gnature of Agency Fread of Design	lee Pr	ии мате		ritle	(month, day, year)			
nment:								
	gnated Agency Contact (is Christensen, Chief Excode/Phone Number 323-6113 ction or Event Informs the agency have a ticket Description: Et(s)/Pass(es) provided ticket distribution made agency official? Cipients Exercise Section A to identify the agency official? Name of Agency, Department of Pagency, Carole Name of Outside Official of Cast, First Cast, Carole Name of Outside Official offici	gnated Agency Contact (Name, Title) s Christensen, Chief Executive Officer Code/Phone Number 323-6113 Ction or Event Information s the agency have a ticket policy? Yes the Description: Steve Chase Humanitarian Are Provide Title/ Explanation (Include address and description) Cipients Section A to identify the agency's department or unit. Name of Agency, Department or Unit Secret Healthcare District, Programs Name of Individual (Last, First) Name of Outside Organization (Include address and description) Fication Fi	ant Healthcare District ion, Department, or Region (if applicable) gnated Agency Contact (Name, Title) s Christensen, Chief Executive Officer Code/Phone Number 323-6113	grated Agency Contact (Name, Title) so Christensen, Chief Executive Officer Code/Phone Number 323-6113 ction or Event Information so the agency have a ticket policy? Yes No pate(s) The Description: Steve Chase Humanitarian Awards Provide Title/ Explanation at (s)/Pass(es) provided by agency? Yes No If no: ticket distribution made at the behest Yes No If yes: gency official? If yes: section A to identify the agency's department or unit. Section A to identify the agency's department or unit. Section A to identify the agency's department or unit. Section A to identify the agency's department or Unit of Ticket(s)/Passes Section A to identify the agency's department or Unit of Ticket(s)/Passes Section A to identify the agency's department or Unit of Ticket(s)/Passes Section A to identify the agency's department or Unit of Ticket(s)/Passes Section A to identify the agency's department or Unit of Ticket(s)/Passes Section A to identify the agency's department or Unit of Ticket(s)/Passes Section A to identify the agency's department or Unit of Ticket(s)/Passes Section A to identify the agency's department or Unit of Ticket(s)/Passes Section A to identify the agency's department or Unit of Ticket(s)/Passes Section A to identify the agency's department or Unit of Ticket(s)/Passes Section A to identify the agency's department or Unit of Ticket(s)/Passes Section A to identify the agency's department or Unit of Ticket(s)/Passes Section A to identify an individual or Section B to identif	ant Healthcare District Inn, Department, or Region (if applicable)			

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ontin	uation Sheet		A Public Document
igency Desert H	Name Healthcare District		
	pients ection A to identify the agency's department or unit	t. • Use Section B to i	dentify 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
В.	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:
Rodi	riguez, Greg	2	FPCC 18944.1 (c) Public Purpose
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
Barr	aza, Kimberly	1	FPCC 18944.1 (c) Public Purpose
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
Shor	rr, Arthur	2	FPCC 18944.1 (c) Public Purpose
			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

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U €	eremoniai Role Even	ts and licket/P	ass Distri	ibutions	<i>F</i>	A Public Document			
١.	Agency Name		Date Stamp	California Form 802					
	Desert Healthcare District								
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only			
	Designated Agency Contact	(Name, Title)			1				
	Chris Christensen				Amendment (Must Provide Explanation in Part 3.)				
	Area Code/Phone Number	E-mail			Amendment (Mast	гточие Explanation III гап 3.)			
	760-567-0051	cchristensen@dhc	d.org		Date of Original Filing	(month, day, year)			
2.	Function or Event Infor	mation							
	Does the agency have a tic	ket policy? Yes	■ No □ F	ace Value of	of Each Ticket/Pass \$60.00				
	Event Description: 4th Distr	rict & CV Economic U	 Jpdate	Octo(c) 04	<u>/ 17 _/ 2025</u>	04 , 17 , 2025			
	Event Description:	Provide Title/ Expla	nation	Jale(s)	//	/			
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No □ I	f no:					
					Name of Source				
	Was ticket distribution made	e at the behest Yes	□ No ■ ^{I1}	f yes:	Official's Name (Last, First)			
	of agency official?				, .				
3.	Recipients								
	Use Section A to identify the agent	ncy's department or unit. •	Use Section B to i	identify an individu	ual.	tify an outside organization.			
	A. Name of Agency, Dep	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy				
	Desert Healthcare District	t, Administration	1 40000	FPCC 1894	4.1 (c) Public Purpos	se defined by DHCD			
		1	Policy BOD)-18					
	B. Name of Ind	ividual	Number		Identify one of the following:				
	(Last, Fi		of Ticket(s)/ Passes						
				Ceren	nonial Role Other	Income			
				If checi	king "Ceremonial Role" or "Other" o	describe below:			
					nonial Role Other				
				If checi	king "Ceremonial Role" or "Other" o	describe below:			
	Name of Outside O	Avec nimetic n	Number						
	C. (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy			
١.	Verification		-	•					
	I have read and understand FF with the requirements.	PPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance			
	Cliris Christensen	, Chris Christe	nsen	Chief	f Executive Officer	4/3/2025			
	Signature 397Ageneg/198att/or Desig		rint Name		Title	(month, day, year)			
	0								
	Comment:								

Docusign Envelope ID: F3228093-CE90-482A-A211-5EC4752D2DCA Agency Report ot: Ceremonial Role Events and Ticket/Pass Distributions

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	ioiliai Nole Eveli	to and moretr	ass Distri	Dutions		T ublic Document	
I. Agency Name					Date Stamp California Form		
Dese	Desert Healthcare District					101111	
Divis	Division, Department, or Region (if applicable)				1	For Official Use Only	
Desig	signated Agency Contact (Name, Title)						
Chris	Chris Christensen, Chief Executive Officer				Amondment (44)		
	Area Code/Phone Number 760-323-6113				Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: (Transfer days area)		
760-							
					(month, day, year)		
2. Fun	ction or Event Infor	mation				FF 00	
Does	s the agency have a tick				Each Ticket/Pass \$ ـ	55.00	
Ever	nt Description: Culturas	nen Rising)ate(s) 03	<u></u>			
LVCI	it Description.	Provide Title/ Expla	nation	/ate(s)			
Ticke	et(s)/Pass(es) provided	by agency? Yes	■ No 🗆 If	no:			
					Name of Source		
	ticket distribution made	e at the behest Yes] No ■ ^{If yes} :		Official's Name (Last, First)		
of a	gency official?					,	
3. Re	oinionto						
_	ecipients e Section A to identify the agency's department or unit. • Use Section B to identify an indivic				ual Also Soction C to iden	tify an outside organization	
- 036					dai. Ose section C to iden	tily all outside organization.	
A.	Name of Agency, Depa			he public purpose made pursuant to the agency's policy			
			Passes				
_							
В.			Number of Ticket(s)/		Identify one of the following:		
	(Last, Fir	rst)	Passes				
_				nonial Role Other			
Ва	Barraza, Kimberly		1	If checking "Ceremonial Role" or "Other" describe below:			
				FPCC 1894	4.1 (c) Public Purpo	se	
				Cerem	nonial Role Other	Income	
PerezGil, Evett			1	If check	king "Ceremonial Role" or "Other"	describe below:	
				FPCC 1894	14.1 (c) Public Purpo	se	
C.	Name of Outside O	rganization	Number of Ticket(s)/	Doscribo th	o public purposo mado p	ursuant to the agency's policy	
C.	(include address and	d description)	Passes	Describe til	le public purpose made p	ursuant to the agency's policy	
1 \/ori	fication		1				
		DDC Bogulations 1904:	1 1 and 10010	l hava varific d	that the distribution ===	forth chave in in accordance	
	e read and understand FF the reguliernemts.	PC Regulations 18942	#.1 and 1894∠.	i nave vermea i	inat the distribution set	forth above, is in accordance	
	Chris Christensen Chris Christer			Chief	f Executive Officer	4/3/2025	
Selection Control Cont			Print Name				
Sig	mature of Agency Head of Design	ice F	THILL INAILIE		Title	(month, day, year)	
Con	nment:						