Δ	Pu	hl	ic	Do	CII	m	nt
$\boldsymbol{-}$	$-\mathbf{u}$		11.	LJU.			

Jer	emoniai Role Even	ts and Ticket/P	ass Distri	butions	4	A Public Document		
. A	gency Name			Date Stamp	California Form 802			
D	esert Healthcare District							
Di	vision, Department, or Reg	ion (if applicable)			1	For Official Use Only		
_		T'')						
	esignated Agency Contact (
	hris Christensen, Chief Ex rea Code/Phone Number	E-mail			Amendment (Mus	st Provide Explanation in Part 3.)		
	60-323-6113	cchristensen@dhcc	d.org		Date of Original Filing:(month, day, year)			
	unction or Event Infor	 mation				(monun, day, year)		
	oes the agency have a tick		■ No□ F	ace Value of	Each Ticket/Pass \$.	350.00		
	<u> </u>							
E۱	vent Description: <u>Joslyn C</u>	Provide Title/ Expla	nation	Date(s)	17			
Ti	cket(s)/Pass(es) provided	•		f no:				
	., ., .				Name of Source			
	as ticket distribution made	at the behest Yes [□ No ■ ^{If}	f yes:	Official's Name (Last, Firs	st)		
C	of agency official?				(1 1)	,		
	Recipients							
•	Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	dentify an individu	ual. Use Section C to ider	ntify an outside organization.		
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	oursuant to the agency's policy			
-	Desert Healthcare District	1	FPCC 1894 Policy BOD		ose defined by DHCD			
-	Desert Healthcare District	, Programs	1	1 FPCC 18944.1 (c) Public Purpose defined by DHCI Policy BOD-18				
I	B. Name of Indi		Number of Ticket(s)/ Passes	Identify one of the following:				
-	5 1 2 2 2		0		nonial Role Other			
	De Lara, Leticia		2	If checking "Ceremonial Role" or "Other" describe below: FPCC 18944.1 (c) Public Purpose				
_								
	Rogers, Carole		2		nonial Role			
	3,			FPCC 1894	14.1 (c) Public Purpo	ose		
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	oursuant to the agency's policy		
_								
	erification	PPC Regulations 1904	1 1 and 19040	I have verified	that the distribution so	t forth above, is in accordance		
	iave read and understand FP ith the r <mark>equirements</mark> .	i o negulalions 10944	r. i aliu 10942.	i nave velilled i	urat tri c distribution Se	t iorui above, is ili accordance		
	Chris Christense	ん Chris Christe	nsen	Chief	f Executive Officer	4/3/2025		
_	Signature of Agency Flead of Design		rint Name		Title	(month, day, year)		
_ C				Chief				

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

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U	eremoniai Role Even	to and nicke	:UPass DIS	dibulions		A Public Document		
١.	Agency Name				Date Stamp	California 802		
	Desert Healthcare District							
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only		
	Designated Agency Contact	(Name, Title)]			
	Chris Christensen, Chief Ex	ecutive Officer			Amendment (Must Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail				ot riotido Espidiados III raitos		
	760-323-6113	cchristensen@	dhcd.org		Date of Original Filin	ng:(month, day, year)		
2.	Function or Event Infor	mation				200.00		
	Does the agency have a tick	ket policy?	Yes ■ No □		Each Ticket/Pass \$	300.00		
	Event Description: LLU Big	Hearts		Date(s)	, 29 , 2024	02 , 29 , 2024		
	Event Description.	Provide Title/	Explanation	Date(s)	<i></i>			
	Ticket(s)/Pass(es) provided	by agency?	Yes ■ No □	If no:				
				16	Name of Source			
	Was ticket distribution made	e at the behest ·	Yes ☐ No ■	If yes:	Official's Name (Last, Fi	rst)		
	of agency official?							
3.	Recipients							
•	 Use Section A to identify the ager 	ncy's department or ui	nit. • Use Section B	to identify an individ	ual. Use Section C to ide	entify an outside organization.		
		· ·	Number			<u> </u>		
	A. Name of Agency, Depart	artment or Unit	of Ticket(s Passes	s)/ Describe th	ne public purpose made	pursuant to the agency's policy		
	D. Nome of had	::aa1	Number			Libertife and of the fall and an		
	B. Name of Indi		of Ticket(s Passes	s)/	Identify one of the following:			
				Cerer	nonial Role Othe	er Income		
	De Lara, Leticia		2	If chec	king "Ceremonial Role" or "Othe	r" describe below:		
				FPCC 1894	14.1 (c) Public Purp	ose		
				Cerer	monial Role Othe	er Income		
	PerezGil, Evett		1	If chec	king "Ceremonial Role" or "Other	r" describe below:		
				FPCC 1894	44.1 (c) Public Purp	ose		
	C. Name of Outside O	rganization	Number of Ticket(s	. Describe th	ne nublic nurnose made	pursuant to the agency's policy		
	(include address and	d description)	Passes	20001120 ti	io publio purposo mado	parodant to the agency o poncy		
١.	Verification							
	I have read and understand FF	PPC Regulations 1	8944.1 and 1894	42. I have verified	that the distribution se	et forth above, is in accordance		
	with the req uir ទាំសាចក់សេះ	_				,		
	Cluris Cluristen	Sen Chris Ch	ristensen	Chie	f Executive Officer	4/3/2025		
	Signature of Agency Head of Design		Print Name		Title	(month, day, year)		
	_							
	Comment:							

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U	eremoniai Role Even	is and nicker	Pass Distri	Bullons	F	Public Document	
١.	Agency Name				Date Stamp	California 802	
	Desert Healthcare District					Tomi	
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	Designated Agency Contact ((Name, Title)]		
	Chris Christensen, Chief Ex	ecutive Officer			Amendment (Must	l Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				. rovido <u>Explandion in r</u> acco,	
	760-323-6113	cchristensen@dh	cd.org		Date of Original Filing	(month, day, year)	
2.	Function or Event Infor	mation				500.00	
	Does the agency have a ticl	ket policy? Yes	s■ No□ F	ace Value of	Each Ticket/Pass \$ _	500.00	
	Event Description: Steve Cl	nase Humanitarian	Awards ₋	Date(s)	, 30 , 2024	03 , 30 , 2024	
	Event Description.	Provide Title/ Exp	L lanation	Date(s)	<i></i>		
	Ticket(s)/Pass(es) provided	s ■ No □ I	f no:				
			_	Name of Source			
	Was ticket distribution made	e at the behest Yes	s□ No■ ^{It}	f yes:	Official's Name (Last, First)		
	of agency official?				,		
3.	Recipients						
٠.	 Use Section A to identify the ager 	ncy's department or unit.	• Use Section B to i	dentify an individ	ual. Use Section C to ident	ify an outside organization.	
	, -		Number			<u>, </u>	
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy	
			1 43555				
	R Name of Indi	ividual	Number		Identify and of the fallentians		
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes	of Ticket(s)/ Identify one of the following: Passes			
				Ceren	monial Role Other	Income	
	De Lara, Leticia		2	If chec	king "Ceremonial Role" or "Other" o	lescribe below:	
				FPCC 1894	14.1 (c) Public Purpos	se	
				Ceren	monial Role Other	Income	
	Shorr, Arthur		2	If chec	king "Ceremonial Role" or "Other" o	lescribe below:	
				FPCC 1894	44.1 (c) Public Purpos	se	
	C. Name of Outside O		Number of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy	
	(include address and	d description)	Passes				
1.	Verification						
	I have read and understand FF	PPC Regulations 1894	14.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance	
	with the requirements.						
	Chris Christensu	Chris Christ	ensen	Chie	f Executive Officer	4/3/2025	
	Signature of Agency Head or Design	nee	Print Name		Title	(month, day, year)	
	Comment:						



	Healthcare District		
	pients ection A to identify the agency's department or unit	t. • Use Section B to id	dentify an individual. Use Section C to identify an outside organization.
	and the agency of acparament or announced and	Number	ose section e to racinity an eatitude organization
Α.	Name of Agency, Department or Unit	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:
Zenc	lle, Les	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 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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UE	remoniai Role Even	to allu licr	CEUP a55	ווופוט	ibutions		AFUDIIC	Document
١.	Agency Name					Date Stamp	Califo	
	Desert Healthcare District						For	
	Division, Department, or Reg	ion (if applicable)				1	For	Official Use Only
]		
	Designated Agency Contact	,						
	Chris Christensen, Chief Ex					☐ Amendment (A	/lust Provide Explan	nation in Part 3.)
	Area Code/Phone Number	E-mail						
	760-323-6113	cchristensen	@dhcd.org			Date of Original Fil	ling:(month, a	lay, year)
2.	Function or Event Infor	mation						70.00
	Does the agency have a ticl	ket policy?	Yes ■ No	o 🗆 🛭 F	ace Value of	Each Ticket/Pass	\$	79.00
	Event Description: 8th Annu	ual Taste of Inc			Octo(c) 03	<u> 14 _/ 2024</u>	03 ,	14 , 2024
	Event Description.	e/ Explanation	— Г	Date(s)	/	/_	/	
	Ticket(s)/Pass(es) provided	Yes No	o 🔲 🛮 🖯	f no:				
					Name of Source			
	Was ticket distribution made	e at the behest	Yes ☐ No	o 🔳 🛮 II	f yes:	Official's Name (Last, I	First)	
	of agency official?					, ,	,	
3.	Recipients							
	Use Section A to identify the ager	ncy's department or	unit. • Use Sec	tion B to i	dentify an individu	ual. Use Section C to i	dentify an outside	organization.
				umber			44.4	
	A. Name of Agency, Depart	artment or Unit		icket(s)/ asses	Describe th	ne public purpose mad	e pursuant to the	agency's policy
	B. Name of Ind	ividual		umber		Identify one of the following:		
	(Last, Fir			icket(s)/ asses	identity one of the following.			
							ner 🔳	Income
	De Lara, Leticia			1		king "Ceremonial Role" or "Otl		
					FPCC 1894	14.1 (c) Public Pur	pose	
					Ceren	nonial Role Oth	ner 🔲	Income
					If check	king "Ceremonial Role" or "Otl	her" describe below:	
	C. Name of Outside O			umber icket(s)/	Describe th	ne public purpose mad	e pursuant to the	agency's policy
	(include address and	d description)	Pa	asses				
					1			
_								
	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 requirements.	OL SE	المالية		01:1	4 F	_	4 /2 /2025
	Unis Unistensen		hristensen		Chief	f Executive Officer		4/3/2025
	Signature ਹਾਂ ਕੇਰੂਵਿਸਟੇ ਜਿਵੇਬਰ or Design	nee	Print Nam	e		Title		(month, day, year)
	Comment:							

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remomal Note Even	to and nicketh	מוטפוע פסט	Dutions		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			Amandment (Must l	Provide Evolunation in Part 2)	
Area Code/Phone Number	E-mail			Amendment (Mast)	-Tovide Explanation in Fait 3.)	
760-323-6113	cchristensen@dhcd	d.org		Date of Original Filing:		
Function or Event Infor	⊔ mation					
Does the agency have a tick	ket policy?	■ No□ F	ace Value of	Each Ticket/Pass \$ _	85.00	
Dalias 9		,~ _			04 , 02 , 2024	
Event Description:		nation	oate(s)	<u> </u>	01 02 2024	
Ticket(s)/Pass(es) provided	•		no:			
			Name of Source			
Was ticket distribution made	e at the behest Yes [Official's Name (Last First)				
of agency official?				Cincial S Name (Last, 1 mst)		
Desirients						
•	ocy's department or unit •	Use Section B to i	dentify an individu	ıal ∮lse Section C to identi	ify an outside organization	
ose section in to identify the agen	icy 3 department of unit.			dai. Ose section e to identi		
A. Name of Agency, Depart	of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy		
Desert Healthcare District	, Administration	4			e defined by DHCD	
		1	Policy BOD	-18		
0 .		Number of Ticket(s)/		Identify one of the following:		
(Last, Fire	st)	Passes				
7					Income Income	
∠enale, Les		1		-		
			FPCC 1894	4.1 (c) Public Purpos	e	
					Income Income	
Rogers, Carole		2		•		
			FPCC 1892	+4.1 (c) Public Purpos	se 	
		of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy	
(molude address and	i description)	Passes				
		1				
	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set t	forth above, is in accordance	
I i i	la Obelle Obelle		Old 1	(Free author Office	4 /2 /2025	
			Chief		4/3/2025	
ভাgnature of Agency Head of 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 Information Does the agency have a tick Event Description: Police & Police	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: Police & Fire Appreciation Lu Provide Title/ Explain 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, Administration B. Name of Individual (Last, First) Zendle, Les Rogers, Carole C. Name of Outside Organization (include address and description) Verification I have read and understand FPPC Regulations 18944 with the requirements. Chris Christe Signature of Agency Health Posignee Percentage Chris Christense Chris Chr	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: Police & Fire Appreciation Luncheon Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No fire agency official? Recipients - Use Section A to identify the agency's department or unit Use Section B to it of Ticket(s)/ Passes Desert Healthcare District, Administration 1 B. Name of Individual (Last, First) B. Name of Individual (Last, First) Passes Zendle, Les 1 Rogers, Carole 2 C. Name of Outside Organization of Ticket(s)/ Passes Verification I have read and understand FPPC Regulations 18944.1 and 18942. With the regriphiemitewits. Using Lunglanger Chris Christensen Signature of Agency Head UP Designee 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	



lgency l Desert H	Name Healthcare District		
	pients		
• Use Se	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.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
		Number	
В.	Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
De L	ara, Leticia	1	FPCC 18944.1 (c) Public Purpose
			Ceremonial Role Other 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
		Olean	

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JE	eremoniai Role Even	ts and licket/P	ass Distri	butions		A Public Document		
	Agency Name			Date Stamp California Form California				
	Desert Healthcare District							
	Division, Department, or Reg	ion (if applicable)				For Official Use Only		
	Designated Agency Contact							
	Chris Christensen, Chief Ex	_			Amendment (Mus	st 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				50.00		
	Does the agency have a tick	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	50.00		
	Event Description: Ophelia	Project 2024 Lunche	on r	Date(s) 04		04 , 25 , 2024		
	Eveni Description.	Provide Title/ Expla	nation	Jate(s)	/	//		
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 🏻 I	f no:				
				f voo:	Name of Source			
	Was ticket distribution made	e at the benest Yes	f yes:	Official's Name (Last, Firs	st)			
	of agency official?							
	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 ide	ntify an outside organization.		
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	oursuant to the agency's policy		
	Desert Healthcare District	t, Administration	1			ose defined by DHCD		
			<u>'</u>	Policy BOD	1-18			
	B. Name of Ind	ividual	Number of Ticket(s)/		Identify one of the following:			
	(Last, Fir	rst)	Passes					
	Dawasa Kirabank		_		nonial Role Other king "Ceremonial Role" or "Other"			
	Barraza, Kimberly		1					
					14.1 (c) Public Purpo			
	Rogers, Carole		1		nonial Role	_		
	Rogoro, Odroio		'		44.1 (c) Public Purpo			
	Name of Outside O	Avec nization	Number		., .			
	C. Name of Outside Co		of Ticket(s)/ Passes	Describe th	ne public purpose made p	oursuant to the agency's policy		
	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.							
	Chris Christensu	Chris Christe	nsen	Chief	f Executive Officer	4/3/2025		
	Signature of Agency Head of Design	nee P	rint Name		Title	(month, day, year)		
	Comment:							
	COMMINICAL.							



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gency			
esert l	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.
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	1	FPCC 18944.1 (c) Public Purpose
			Ceremonial Role Other M Income If checking "Ceremonial Role" or "Other" describe below:
Zava	ala, Carmina	1	FPCC 18944.1 (c) Public Purpose
			Ceremonial Role Other Income 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
			<u> </u>

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<u>-ere</u>	emoniai Role Even	ts and Hicket/H	ass Distr	enoituai		A Public Document			
. Aç	gency Name				Date Stamp California Form California				
De	esert Healthcare District								
Div	vision, Department, or Reg	ion (if applicable)			1	For Official Use Only			
De	signated Agency Contact	(Name,Title)							
	nris Christensen, Chief Ex				Amountment ##	at Dunida Funtanation in Bod 2			
	ea Code/Phone Number	E-mail			. Mariament (Mus	st Provide Explanation in Part 3.)			
76	0-323-6113	cchristensen@dhc	d.org		Date of Original Filin	g:(month, day, year)			
. Fu	unction or Event Infor	mation							
Do	oes the agency have a ticl	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	95.00			
Εv	vent Description: 2024 Ha	rvey Milk Diversity E	Breakfast r	Date(s) 05	092024	05 , 09 , 2024			
∟v	ont Description.	Provide Title/ Expl	anation	Jaio(3)	ı ————				
Tic	cket(s)/Pass(es) provided	by agency? Yes	■ No □ I	f no:	Name of Source				
Wa	as ticket distribution made	e at the behest Yes	□ No ■ I	f yes:					
	f agency official?	100	L NO E		Official's Name (Last, Fir	rst)			
3. F	Recipients								
	Use Section A to identify the ager	ncy's department or unit.	• Use Section B to i	identify an individu	ual. Use Section C to ide	ntify an outside organization.			
Ā	Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made	pursuant to the agency's policy			
Ī	Desert Healthcare District, Administration		1		CC 18944.1 (c) Public Purpose defined by DHCD licy BOD-18				
E	Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the following:				
_			1		nonial Role Other				
4	Zendle, Les		'		44.1 (c) Public Purpo				
_				Ceren	nonial Role Other	r			
C	Name of Outside O		Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy				
-			rases						
. Ve	erification								
I h		PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution se	et forth above, is in accordanc			
	Chris Christensen		ensen	Chie	f Executive Officer	4/3/2025			
	Signature of Agency Head or Design	nee	Print Name		Title	(month, day, year)			
C	omment:								

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\mathbf{C}^{\dagger}	eremoniai ivole Even	is and nicketh	ass Distri	Dutions		A Fublic Document
Ι.	Agency Name				Date Stamp	California 802
	Desert Healthcare District					1 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			Amondmont (4)	(Do. 11) 5 of confine to Do. (0)
	Area Code/Phone Number	E-mail			. Amenament (Mus	t Provide Explanation in Part 3.)
	760-323-6113	cchristensen@dhc	d.org		Date of Original Filing	j:
						(month, day, year)
2.	Function or Event Infor	mation				F0 00
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$.	50.00
	Event Description: Dr. Carre	eon Foundation Sch	olarship _F)ate(s) 06	<u>/ 09 / 2024</u>	06 , 09 , 2024
	Eveni Description.	Provide Title/ Expla	nation	/ate(s)	/——/——	
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 If	no:	Name of Source	
	Was ticket distribution made	e at the behest Yes	□ No 🔳 lf	yes:	Official's Name (Last, Firs	st)
	of agency official?				(,,	7
_	Destricute					
3.	Recipients	acu's danartmant ar unit	Uso Costian P to i	dontify on individu	ual Alco Costian C to iden	atify an outside organization
	Use Section A to identify the ager	ncy's department or unit.		T	Jai. Use Section C to ider	itily an outside organization.
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/	Describe th	e public purpose made p	oursuant to the agency's policy
			Passes			
	B. Name of Ind	ividual	Number of Ticket(s)/		Identify one of the	e following:
	(Last, Fin	rst)	Passes			· ·
					nonial Role Other	
	PerezGil, Evett		1		king "Ceremonial Role" or "Other"	
				FPCC 1894	l4.1 (c) Public Purpo	se
				Ceren	nonial Role Other	Income
	Zavala, Carmina		1	If checi	king "Ceremonial Role" or "Other"	describe below:
				FPCC 1894	14.1 (c) Public Purpo	ose
	Name of Outside O	Organization	Number			
	C. Name of Outside Co		of Ticket(s)/ Passes	Describe th	ie public purpose made p	oursuant to the agency's policy
_	Vanification					
4.	Verification					
	I have read and understand FF	PPC Regulations 1894	1.1 and 18942.	I have verified	that the distribution se	forth above, is in accordance
	with the requirements.	Obsta Obsta		01.1	(F	A /2 /2025
	Clinis Clinistense			Chief	f Executive Officer	4/3/2025
	Signature of Agents Fleate 610 Design	nee F	Print Name		Title	(month, day, year)
	Comment:					
	COMMINGRIC.					



	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 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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eremoniai Noie Even	is and nickelin	מוטפוט מש	Dutions	P	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 3)
Area Code/Phone Number	E-mail			Amendment (Musici	Flovide Explanation in Fait 3.)
760-323-6113	cchristensen@dhcd	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 \$ _	100.00
Mayara					09 , 13 , 2024
Event Description:		nation	oate(s)	<u> </u>	
Ticket(s)/Pass(es) provided	•		no:		
				Name of Source	
Was ticket distribution made	e at the behest Yes [□ No ■ If	yes:	Official's Name (Last First)	
of agency official?				Omolai s Name (Last, 1 iist)	
D					
•	/	Uaa Caatian Daa i		ual Haa Caabian Chaidanb	:6
• Ose Section A to identify the ager	icy's department or unit.		dentily an individu	ual. Use Section C to ident	ily an outside organization.
A. Name of Agency, Department	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
Desert Healthcare District	, Administration	1			se defined by DHCD
		I	Policy BOD)-18	
		Nb			
.		of Ticket(s)/		Identify one of the	following:
(Last, Fir	St)	Passes			
Do Loro Loticio		1			Income Income
De Lara, Lelicia		'		-	
			FFCC 1094		
			II CITECI	King Ceremonia Noie of Other u	escribe below.
		Number			
		of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy
(morado dadroco dire		Passes			
	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
	In Charle Of the		0 1.1.1	(F	4 /2 /222=
			Chief		4/3/2025
Signature of Agency Head or 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 Information Does the agency have a tick Event Description: Mayors at the mayors at the major of the major of agency official? Recipients Use Section A to identify the agent of Agency, Department of Agency, Design	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@dhcc Function or Event Information Does the agency have a ticket policy? Yes I Event Description: Mayors and Tribal Chairperson Provide Title/ Explain Ticket(s)/Pass(es) provided by agency? Yes I Was ticket distribution made at the behest Yes I 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) De Lara, Leticia Verification I have read and understand FPPC Regulations 18944 with the requirements. Unit Curistus Christers Christers Signature of Agency Teastor Designee Chris Christers Chris Christers Chris Christers Chris Christers Chris Christers	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	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 Corbristensen@dhcd.org Date of Original Filing: Function or Event Information Does the agency have a ticket policy? Yes ■ No □ Face Value of Each Ticket/Pass \$ □ Date(s) Og _ 13 _ / 2024 Provider 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 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 identify an individual Use Section C to identify Passes Desert Healthcare District, Administration 1 Proc Number of Ticket(s)/Passes De Lara, Leticia 1 Ceremonial Role □ Other If the Jessing Thermonial Role □ Ot

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erennonnar Kole Even	ts and nicket/F	ลออ บเอแเ	Dutions	A	Public Document		
Agency Name				Date Stamp California Form 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 6	Provide Explanation in Part 3)		
Area Code/Phone Number	E-mail			Amendment (Mast 1	Tovide Explanation III T art 5.)		
760-323-6113	cchristensen@dhcc	d.org		Date of Original Filing:	(month, day, year)		
Function or Event Infor	∣ mation						
		■ No□ F	ace Value of	Fach Ticket/Pass \$	350.00		
• •							
Event Description: 2024 LG	Bravida Title/ Exploi	[Date(s)	//	10 / 19 / 2024		
Ticket(s)/Pass(es) provided	•		f no:				
Tionot(o)/T doo(oo) provided	by agonoy. [C3]	. 140		Name of Source			
Was ticket distribution made	at the behest Yes [□ No ■ ^{I1}	f yes:	Official's Name (Last First)			
of agency official?				Oπiciai s Name (Last, First)			
•							
Use Section A to identify the ager	ncy's department or unit. •		dentify an individu	ual. Use Section C to identi	fy an outside organization.		
A. Name of Agency, Depart	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy		
Desert Healthcare District	, Program	1			e defined by DHCD		
		'	Policy BOD)-18			
		Nove bar					
.		of Ticket(s)/		Identify one of the	following:		
(Last, Fir	St)	Passes			= -		
PorozCil Evott		2			Income Income		
Perezgii, Evett				-			
					-		
Zavala Camaina					Income Income		
Zavaia, Carmina		2					
		Nortes	FFCC 1692	++. i (c) Fublic Pulpos			
		of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy		
(morado dadroco dire		Passes					
	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set f	orth above, is in accordance		
[' . ,	Obsta Obsta		01:1	f Free public Office	A /2 /2025		
			Chief		4/3/2025		
Signature of Agency ਜਿਵਕੇਰ 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 tick Event Description: 2024 LG Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? Recipients Use Section A to identify the agency Department of Agency, Depa	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: 2024 LGBTQ Center Stage Provide Title/ Explain 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, Program B. Name of Individual (Last, First) PerezGil, Evett Zavala, Carmina C. Name of Outside Organization (include address and description) Verification I have read and understand FPPC Regulations 18944 with the requirements. Chris Christense Chris	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 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 Christensen@dhcd.org Date of Original Filling: 760-323-6113 Christensen@dhcd.org Date of Original Filling: Prunction or Event Information Does the agency have a ticket policy? Yes ■ No		



gency I Desert H	Name Healthcare District		
	pients		
• Use Se	ection A to identify the agency's department or unit.		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:
Zend	lle, Les	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 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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١.	Agency Name		Date Stamp	California Form 802			
	Desert Healthcare District						
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Designated Agency Contact	(Name, Title)]		
	Chris Christensen, Chief Ex	ecutive Officer			☐ Amendment (Mus	t Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Date of Original Filing:(month, day, year)		
	760-323-6113	cchristensen@dhc	d.org				
2.	Function or Event Infor	mation					
	Does the agency have a ticl	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$.	25.00	
	Event Description: GCVCC		07	<u> 12 _/ 2024</u>	07 , 12 , 2024		
	Event Description:	Provide Title/ Expla	anation	Date(s)			
	Ticket(s)/Pass(es) provided	•		f no:			
		2) 1.95) 100			Name of Source		
	Was ticket distribution made	at the behest Yes	□ No ■ If	f yes:	Official's Name (Last, Firs	.4)	
	of agency official?				Oπiciai's Name (Last, Firs	et)	
3.	Recipients						
	Use Section A to identify the ager	ncy's department or unit.	ual. Use Section C to ider	ntify an outside organization.			
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made p	ursuant to the agency's policy	
	A. Hame of Agonoy, Dope		Passes	20001120 11	io publio pui podo mudo p	arouant to the agency o pency	
			Number				
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identify one of the following:		
	(====, : ::	,	1 43363		·		
	De Lara, Leticia		1		nonial Role Other king "Ceremonial Role" or "Other"		
	De Lara, Leticia		'	FPCC 1892	14.1 (c) Public Purpo	Δ2	
					nonial Role Other king "Ceremonial Role" or "Other"		
				II chec	king Ceremoniai Role of Other	describe below.	
	Name of Outside O		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's			
	(include address and	l description)	Passes				
1	Verification		ı				
٠.		DDC Begulations 1904	11 and 10010	I have varified	that the distribution car	t forth above is in accordance	
	I have read and understand FF with the regulators.	FOREGUIALIONS 1894	i ilave velilled	ເກລເ ເກຣ ບາຣເກນບເເບກ Set	i iorui above, is iri accordance		
	Chris Christensen	ansan	Chio	f Executive Officer	4/3/2025		
	Signature of Agency Head or Design		Print Name		Title		
	Signature of Agency Head of Design	icc I	⊤ ппи т ч аппе		riue	(month, day, year)	
	Comment:						

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	Agency Name		Date Stamp	California Form 802			
	Desert Healthcare District						
İ	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Designated Agency Contact	(Name,Title)]			
	Chris Christensen, Chief Ex	ecutive Officer			Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Americanient (Mas	ser rovide Explanation in Fall 6.	
	760-323-6113	cchristensen@dhc	d.org		Date of Original Filing	g:(month, day, year)	
2.	Function or Event Infor	mation				050.00	
	Does the agency have a ticl	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	250.00	
	Event Description: ABC Re	covery Oasis of Hop	е г	Date(s) 11	<u>/ 01 / 2024</u>	11 , 01 , 2024	
	Eveni Description.	Provide Title/ Expl	anation	Date(s)	//		
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No □ I	f no:			
			14	.	Name of Source		
	Was ticket distribution made	e at the behest Yes	□ No ■	f yes:	Official's Name (Last, Firs	st)	
	of agency official?						
3.	Recipients						
•	 Use Section A to identify the ager 	ncy's department or unit.	ual. Use Section C to ide	ntify an outside organization.			
	, -		Number	<u>,</u>		<u>, </u>	
	A. Name of Agency, Depart	of Ticket(s)/ Passes	Describe th	ne public purpose made p	oursuant to the agency's policy		
			1 43303				
				1			
			Number				
	B. Name of Indi		of Ticket(s)/ Passes				
				Ceren	nonial Role Other	Income _	
	Rogers, Carole		2	If checking "Ceremonial Role" or "Other" describe below:			
				FPCC 18944.1 (c) Public Purpose			
				Ceren	nonial Role Other	Income _	
	Barraza, Kimberly		1	If chec	king "Ceremonial Role" or "Other	describe below:	
				FPCC 1894	44.1 (c) Public Purpo	ose	
	Name of Outside O)rganization	Number	December 4h			
	C. (include address and		of Ticket(s)/ Passes	Describe th	ie public purpose made p	oursuant to the agency's policy	
1	Verification		1	1			
	I have read and understand FF	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution se	et forth above, is in accordance	
	with the regionse this cluristensen	Chris Christe	ncor	Chin	f Executive Officer	4/3/2025	
	Signature of Agency Head or Design	nee l	Print Name		Title	(month, day, year)	
	Comment:						



Agency I Desert H	Name Healthcare District		
	pients		
• Use Se	ection A to identify the agency's department or unit.	• Use Section B to ic	lentify 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
	Name of Individual	Number	
В.	(Last, First)	of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
De L	ara, Leticia	2	FPCC 18944.1 (c) Public Purpose
			Ceremonial Role Other 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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U	eremoniai Role Even	is allu lickelir	מוטפוע פסט	Dulions	<i>F</i>	A Public Document	
1.	Agency Name		Date Stamp California				
	Desert Healthcare District					Form 802	
	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 3.)	
	Area Code/Phone Number	E-mail			Amendment (Mast	Frovide Explanation in Falt 5.)	
	760-323-6113	cchristensen@dhcd	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 \$ _	75.00	
	lo dia Cta	ate of the Business C	,~ _		072024	11 , 07 , 2024	
	Event Description: Indio Sta	Provide Title/ Explain	nation	oate(s)	1 2021		
	Ticket(s)/Pass(es) provided	·		no:			
	(-)/()/	-, -9, - 100			Name of Source		
	Was ticket distribution made	e at the behest Yes [□ No ■ If	yes:	Official's Name (Last, First	<u>.</u>	
	of agency official?				Omciai s Name (Last, 1 mst	,	
_							
3.	Recipients • Use Section A to identify the ager	ocu's donartment or unit	ual Also Soction C to iden	tify an outside examization			
	• Ose Section A to identify the ager	icy's department or unit.	ual. Use Section C to iden	tily an outside organization.			
	A. Name of Agency, Department	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy	
	Desert Healthcare District	, Administration	1		14.1 (c) Public Purpos	se defined by DHCD	
		l	Policy BOD)-18			
			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	14.1 (c) Public Purpos	se	
				Ceren	nonial Role Other	Income	
	Barraza, Kimberly		1	If checi	king "Ceremonial Role" or "Other" o	describe below:	
				FPCC 1894	44.1 (c) Public Purpo	se	
	C. Name of Outside O	rganization	Number of Ticket(s)/	Describe th	Describe the public purpose made pursuant to the agency's po		
	(include address and	description)	Passes	Describe th	ie publie purpose made pe	arount to the agency's policy	
4.	Verification						
		PPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance	
	I have read and understand FPPC Regulations 18944.1 and 18942. I hav with the recipients.					,	
	Chris Christensen	nsen	Chief	f Executive Officer	4/3/2025		
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)	
	_						
	Comment:						

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١.	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)					
	Chris Christensen, Chief Ex	ecutive Officer			Amendment (Musi	t Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail]	,	
	760-323-6113	cchristensen@dho	d.org		Date of Original Filing	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$.	275.00	
	Event Description: Hanson	House Annual Gala		Data(a) 11	092024	11 , 09 , 2024	
	Event Description.	Provide Title/ Expl	anation	Date(s)	/		
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No □ I	f no:		_	
				_	Name of Source		
	Was ticket distribution made	□ No ■ I	f yes:	Official's Name (Last, Firs	<u>t)</u>		
	of agency official?				, ,	,	
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	itify an outside organization.	
			Number	T		· · · · ·	
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy	
			1 20000				
				1			
	D Name of lad	to dialocal	Number				
	B. Name of Ind (Last, Fir		of Ticket(s)/ Passes				
				Ceren	nonial Role Other	Income	
	Rogers, Carole		2	If checking "Ceremonial Role" or "Other" describe below:			
				FPCC 18944.1 (c) Public Purpose			
				Ceren	nonial Role Other	Income	
				If chec	king "Ceremonial Role" or "Other"	describe below:	
	Name of Outside O		Number of Ticket(s)/	/ Describe the public purpose made pursuant to the agency's			
	(include address and	d description)	Passes				
4.	Verification						
	I have read and understand FF	PPC Regulations 1894	I have verified	that the distribution set	forth above, is in accordance		
	with the requirements. (Luris (Luristunsem	Chris Christe	ancan	Chio	f Executive Officer	4/3/2025	
	Signature of Agents 3/48/2000 for Design		Print Name		Title	(month, day, year)	
	Signature of Agency Treat or Design		i inici vallie		TILIC	(monus, uay, year)	
	Comment:						

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C	eremoniai Role Even	ts and licket/P	ass Distri	butions	F	A Public Document	
1.	Agency Name		Date Stamp California Form				
	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.)	
					Data of Oak had Ellings		
	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 \$ _	125.00	
						11 , 19 , 2024	
	Event Description: Annual C	Seater Fairr Springs	D	ate(s)	, 19 _/ 2024		
	Ticket(a)/Dagg(ag) provided	Provide Title/ Explai		'no:			
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No L II	110	Name of Source		
	Was ticket distribution made	e at the behest ves r	¬ No.■ If	yes:			
	of agency official?	7 41 1110 2011001 165	INO <u> </u>	,	Official's Name (Last, First,)	
	or agono, omeiar.						
3.	Recipients						
	• Use Section A to identify the ager	ncy's department or unit. •	dentify an individu	ıal. Use Section C to ident	tify an outside organization.		
			Number				
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy	
	Desert Healthcare District	Administration	1 40000	EPCC 1894	4.1 (c) Public Purpos	se defined by DHCD	
	Descrit i leatificate District	, Administration	2	Policy BOD		se defined by Di 10D	
	Desert Healthcare District	Drograme		,		so defined by DUCD	
	Desert Healthcare District	, r logianis	2	Policy BOD	4.1 (c) Public Purpos	se delined by DHCD	
			Number	1 3, 2 3 2			
	B. Name of Indi		of Ticket(s)/		Identify one of the following:		
	(Last, Fir	Sij	Passes				
	D 0 1			l .	nonial Role Other Other Other Other Other		
	Rogers, Carole		2		-		
				FPCC 18944.1 (c) Public Purpose			
				Cerem	nonial Role Other	Income	
	De Lara, Leticia		1	If check	king "Ceremonial Role" or "Other" o	describe below:	
				FPCC 1894	4.1 (c) Public Purpos	se	
	Name of Outside O	rganization	Number	Dana silba Ab			
	C. Name of Outside O	_	of Ticket(s)/ Passes	Describe tri	e public purpose made pu	rsuant to the agency's policy	
_	N. 161						
4.	Verification						
	I have read and understand FF	PPC Regulations 18944	1.1 and 18942.	I have verified t	that the distribution set	forth above, is in accordance	
	with the requirements.	4. . 4. .					
	Chris Christensu		nsen	Chief	Executive Officer	4/3/2025	
	Signature of Agenety Please & Design	nee P	rint Name		Title	(month, day, year)	
	0						
	Comment:						

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

Δ	PII	hli	C	D) CI	ım	ent

Ce	remoniai Role Even	is and nicket/F	'a55 DISIII	butions	<i>-</i>	A Public Document		
1. /	Agency Name		Date Stamp	California 802				
	Desert Healthcare District			1 01111				
Ī	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only				
Ī	Designated Agency Contact	(Name, Title)	1					
	Chris Christensen, Chief Ex	ecutive Officer						
_	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)		
	760-323-6113	cchristensen@dhcc	d.org		Date of Original Filing	To the desired		
						(month, day, year)		
2.	Function or Event Infor	mation				50.00		
	Does the agency have a tic	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$ _	30.00		
	Event Description: Peace C	Officer Luncheon	Г	Date(s)	, 20 , 2024	11 , 20 , 2024		
	Event Becomption:	Provide Title/ Expla	nation	ato(0)	, <u> </u>			
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 If	no:				
			14		Name of Source			
	Was ticket distribution made	e at the behest Yes	□ No ■ ^{II}	yes:	Official's Name (Last, First)		
	of agency official?							
3.	Recipients							
٥.	 Use Section A to identify the ager 	ncv's department or unit. •	Use Section B to i	dentify an individu	ual. Use Section C to ident	tify an outside organization.		
	ose seemon // to racinary the age.	, 5 асраганен от ана	Number	T				
	A. Name of Agency, Department	of Ticket(s)/ Passes	ursuant to the agency's policy					
	Desert Healthcare District	4	FPCC 18944.1 (c) Public Purpose defined by DHCD					
			1	Policy BOD)-18			
	B. Name of Ind	ividual	Number of Ticket(s)/	Identify one of the following:				
	(Last, Fir	rst)	Passes		,			
					nonial Role Other	Income		
	De Lara, Leticia		1		king "Ceremonial Role" or "Other" o			
				FPCC 1894	14.1 (c) Public Purpos	se		
				Ceren	nonial Role Other	Income		
				If checi	king "Ceremonial Role" or "Other" o	describe below:		
	Name of Outside O		Number of Ticket(s)/					
	(include address and	d description)	Passes					
1.	Verification							
	l have read and understand FF with the requinements.	PPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance		
	Chris Christensen	Chris Christe	nsen	Chief	ief Executive Officer 4/3/202			
	Signature of Agericy Aead or Design		rint Name		Title	(month, day, year)		
	J 2 2.1 .g.3.1.g, 1.000 0. D001g1	·				(
	Comment:							

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

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UE	remoniai Role Even	is and nicke	VPass Disti	Bullons		A Public Document	
١.	Agency Name		Date Stamp	California 802			
	Desert Healthcare District				TOTAL OF THE		
	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 (Mus	st Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail			. Americanient (mas	KT TOVIGE Explanation III T art 6.)	
	760-323-6113	cchristensen@d	Date of Original Filing:				
<u> </u>	Function or Event Infor	⊔ mation					
	Does the agency have a ticl		es■ No□ F	ace Value of	Each Ticket/Pass \$	500.00	
	• •					12 , 08 , 2024	
	Event Description: JFS 22n	Provide Title/ E	ivplanation	Date(s)	<u> </u>	12 / 00 / 2024	
	Ticket(s)/Pass(es) provided		•	f no·			
	Tionot(o)/i doo(oo) providod	by agonoy.	CS INO I	. no	Name of Source		
	Was ticket distribution made	e at the behest You	es 🗌 No 🔳 🏻 l	f yes:	Official's Name (Last, Firs	of	
	of agency official?				Official's Name (Last, Firs	51)	
3.	Desiniente						
).	Recipients • Use Section A to identify the ager	ocy's denartment or uni	t •Use Section B to i	dentify an individu	ual •Ise Section C to ide	ntify an outside organization	
	- Ose Seedon's to dentily the ager	icy s department or uni	Number		Juli Ose Section e to ide.	Thirty arroadshac organization.	
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy		
			rasses				
	Name of lead	to delice al	Number				
	B. Name of Indi		of Ticket(s)/ Passes		Identify one of th	e following:	
				Ceren	nonial Role Other	Income	
	Rogers, Carole		2	If checking "Ceremonial Role" or "Other" describe below:			
				FPCC 1894	14.1 (c) Public Purpo	ose	
				Ceren	nonial Role Other	Income	
	De Lara, Leticia		2	If chec	king "Ceremonial Role" or "Other"	" describe below:	
				FPCC 1894	44.1 (c) Public Purpo	ose	
	Name of Outside O	rganization	Number of Ticket(s)/	Describe th	ne nublic nurnose made r	oursuant to the agency's policy	
	(include address and	d description)	Passes	Docombo un	no passio pai pode iliado p		
١.	Verification						
	I have read and understand FF	PPC Regulations 18	944.1 and 18942.	I have verified	that the distribution se	t forth above, is in accordance	
	with the requirements.						
	Chris Christense	M Chris Chri	stensen	Chie	f Executive Officer	4/3/2025	
	Signature of Agency Head of Design	nee	Print Name		Title	(month, day, year)	
	Comment:						

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<u>-erem</u>	ioniai Role Even	ts and Hicket/P	ass Distr	enoituai		A Public Document		
. Ager	ncy Name		Date Stamp	California Form 802				
Dese	ert Healthcare District							
Divisi	on, Department, or Regi	ion (if applicable)	1	For Official Use Only				
Doole	unated Aganay Contact ((None Title)						
_	nated Agency Contact (
	Christensen, Chief Exc Code/Phone Number	ecutive Oπicer E-mail			Amendment (Mus	st Provide Explanation in Part 3.)		
	323-6113	cchristensen@dhcc	d ora		Date of Original Filin	a:		
			J.019			(month, day, year)		
	ction or Event Infor					375.00		
	the agency have a tick				Each Ticket/Pass \$			
Even	t Description: CVVIM \	/IMY Awards		Date(s)	<u>/ 12 _/ 2024</u>	12 , 12 , 2024		
		Provide Title/ Expla	nation	, ,				
Ticke	et(s)/Pass(es) provided	by agency? Yes I	■ No 🔲 I	t no:	Name of Source			
Was	ticket distribution made	e at the behest Yes	□ No ■ I	f yes:				
	gency official?	163		•	Official's Name (Last, Fir	rst)		
	- ·							
	cipients							
• Use	Section A to identify the agen	cy's department or unit. •		identify an individu	ual. Use Section C to ide	ntify an outside organization.		
A.	Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's police				
Desert Healthcare District		, Administration	2			ose defined by DHCD		
				Policy BOD	-18 			
В.			Number of Ticket(s)/		Identify one of th	ne following:		
	(Last, Fire	St)	Passes			. r		
Roo	gers, Carole		2		nonial Role			
	g,,,		_	FPCC 1894	4.1 (c) Public Purpo	ose		
					nonial Role Other			
Bar	rraza, Kimberly		1		king "Ceremonial Role" or "Other			
				FPCC 1894	944.1 (c) Public Purpose			
C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe th	e public purpose made ¡	pursuant to the agency's policy		
. Verif	fication							
		PPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution se	et forth above, is in accordanc		
with ti	h e re gini e rnents.	Ohain Ohaint		Object	(Free cutive Office	4 /3 /3035		
	Chris Christensen			Chief	f Executive Officer	4/3/2025		
Sigr	nature of Agency ਜਿਵਕੀ or Design	iee P	rint Name		Title	(month, day, year)		
Com	iment:							



JIILIIII	dation Sheet		A Public Document
gency I esert F	Name Healthcare District		
	pients ection A to identify the agency's department or unit	. •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 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:
Zenc	le, Les	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
			I .

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