

Agency Report of:**Ceremonial Role Events and Ticket/Pass Distributions****A Public Document****1. Agency Name**

Desert Healthcare District

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Chris Christensen, Chief Executive Officer

Area Code/Phone Number

760-323-6113

E-mail

cchristensen@dhcd.org

Date Stamp

**California
Form 802**

For Official Use Only

☐ **Amendment** (Must Provide Explanation in Part 3.)Date of Original Filing: _____
(month, day, year)**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 350.00

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

Provide Title/Explanation


Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of SourceWas ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

4. Verification

I have read and understand FPCC 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
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

Print**Clear**

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

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Desert Healthcare District

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
	De Lara, Leticia	2	FPCC 18944.1 (c) Public Purpose
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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(month, day, year)**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 350.00

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

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of SourceWas ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

4. Verification

I have read and understand FPCC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Chris Christensen

Chris Christensen

Chief Executive Officer

4/3/2025

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: _____

Print**Clear**

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

Agency Name
Desert Healthcare District

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 100.00

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

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

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

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

4. Verification

I have read and understand FPCC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment: _____

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

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2. Function or Event Information

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

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

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

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

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

4. Verification

I have read and understand FPCC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment: _____

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3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

2. Function or Event Information

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

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

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

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

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Desert Healthcare District, Programs	3	FPCC 18944.1 (c) Public Purpose defined by DHCD Policy BOD-18
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
De Lara, Leticia	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: FPCC 18944.1 (c) Public Purpose
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPCC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment: _____

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☐ **Amendment** (Must Provide Explanation in Part 3.)**Date of Original Filing:** _____
(month, day, year)**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 25.00

Event Description: GCVCC Legislative Breakfast Date(s) 02 / 28 / 2025 02 / 28 / 2025

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of SourceWas ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Desert Healthcare District, Administration	1	FPCC 18944.1 (c) Public Purpose defined by DHCD Policy BOD-18
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Chris Christensen

Chris Christensen

Chief Executive Officer

4/3/2025

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: _____

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(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 Date(s) 03 / 08 / 2025 03 / 08 / 2025

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

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

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

Chief Executive Officer

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• 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.

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

2. Function or Event Information

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

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

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

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

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

Chris Christensen

Chief Executive Officer

4/3/2025

Signature of Agency Head or Designee

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(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 25.00

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

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

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

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

Chief Executive Officer

4/3/2025

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

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Desert Healthcare District

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Chris Christensen, Chief Executive Officer

Area Code/Phone Number

760-323-6113

E-mail

cchristensen@dhcd.org

Date Stamp

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☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

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

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

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

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

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

4. Verification

I have read and understand FPCC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment: _____

Print

Clear

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name

Desert Healthcare District

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Chris Christensen, Chief Executive Officer

Area Code/Phone Number

760-323-6113

E-mail

cchristensen@dhcd.org

Date Stamp

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☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 150.00

Event Description: One Future CV The Future is Ours Date(s) 03 / 21 / 2025 03 / 21 / 2025
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

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

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

4. Verification

I have read and understand FPCC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment: _____

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

California **802**
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A Public Document

Agency Name

Desert Healthcare District

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

Print

Clear

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name

Desert Healthcare District

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Chris Christensen, Chief Executive Officer

Area Code/Phone Number

760-323-6113

E-mail

cchristensen@dhcd.org

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☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

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

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

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

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

4. Verification

I have read and understand FPCC 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

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: _____

Print

Clear

Agency Report of:**Ceremonial Role Events and Ticket/Pass Distributions****A Public Document****1. Agency Name**

Desert Healthcare District

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Chris Christensen, Chief Executive Officer

Area Code/Phone Number

760-323-6113

E-mail

cchristensen@dhcd.org

Date Stamp

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☐ **Amendment** (Must Provide Explanation in Part 3.)Date of Original Filing: _____
(month, day, year)**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 500.00

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

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of SourceWas ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

4. Verification

I have read and understand FPCC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Chris Christensen

Chris Christensen

Chief Executive Officer

4/3/2025

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: _____

Print**Clear**

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

California **802**
Form
A Public Document

Agency Name

Desert Healthcare District

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
	Rodriguez, Greg	2	FPCC 18944.1 (c) Public Purpose
			Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
	Barraza, Kimberly	1	FPCC 18944.1 (c) Public Purpose
			Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
	Shorr, Arthur	2	FPCC 18944.1 (c) Public Purpose
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

Print

Clear

Agency Report of:**Ceremonial Role Events and Ticket/Pass Distributions****A Public Document****1. Agency Name**

Desert Healthcare District

Division, Department, or Region (if applicable)**Designated Agency Contact** (Name, Title)

Chris Christensen

Area Code/Phone Number

760-567-0051

E-mail

cchristensen@dhcd.org

Date Stamp

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☐ **Amendment** (Must Provide Explanation in Part 3.)**Date of Original Filing:** _____
(month, day, year)**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 60.00

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

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of SourceWas ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

4. Verification

I have read and understand FPCC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Chris Christensen

Chris Christensen

Chief Executive Officer

4/3/2025

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: _____

Print**Clear**

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name

Desert Healthcare District

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Chris Christensen, Chief Executive Officer

Area Code/Phone Number

760-323-6113

E-mail

cchristensen@dhcd.org

Date Stamp

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☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 55.00

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

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

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

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

4. Verification

I have read and understand FPCC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment: _____

Print

Clear

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name

Desert Healthcare District

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Chris Christensen, Chief Executive Officer

Area Code/Phone Number

760-323-6113

E-mail

cchristensen@dhcd.org

Date Stamp

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☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

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

Event Description: VIM Celebrity Classic Date(s) 05 / 02 / 2025 05 / 03 / 2025

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

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

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

4. Verification

I have read and understand FPCC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Chris Christensen
 Print Name: Chris Christensen
 Title: Chief Executive Officer
 Date: 07/30/2025
 (month, day, year)

Comment: _____

Print

Clear

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name

Desert Healthcare District

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Chris Christensen, Chief Executive Officer

Area Code/Phone Number

760-323-6113

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Date Stamp

California
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☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 295.00

Event Description: United Way United for Good Gala Date(s) 05/02/2025 05/02/2025

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____

Name of Source

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

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

4. Verification

I have read and understand FPCC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Chris Christensen

Signature of Agency Head or Designee

Chris Christensen

Print Name

Chief Executive Officer

Title

07/30/2025

(month, day, year)

Comment: _____

Print

Clear

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name

Desert Healthcare District

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Chris Christensen

Area Code/Phone Number

760-567-0051

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Date Stamp

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☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 140.00

Event Description: Women's Leaders Forum Date(s) 05 / 09 / 2025 05 / 09 / 2025

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

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

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Chris Christensen Print Name: Chris Christensen Title: Chief Executive Officer Date: 07/30/2025
(month, day, year)

Comment: _____

Print

Clear

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name

Desert Healthcare District

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Chris Christensen, Chief Executive Officer

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☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 95.00

Event Description: Harvey Milk Diversity Breakfast Date(s) 05 / 08 / 2025 05 / 08 / 2025

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

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

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

4. Verification

I have read and understand FPCC 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

07/30/2025

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: _____

Print

Clear

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name

Desert Healthcare District

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Chris Christensen, Chief Executive Officer

Area Code/Phone Number

760-323-6113

E-mail

cchristensen@dhcd.org

Date Stamp

California
Form

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☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

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

Event Description: Leg Breakfast w Senator Ochoa-Bogh Date(s) 05/09/2025 05/09/2025

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____

Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

4. Verification

I have read and understand FPCC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Chris Christensen

Chris Christensen

Chief Executive Officer

07/30/2025

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: _____

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Agency Report of:**Ceremonial Role Events and Ticket/Pass Distributions****A Public Document****1. Agency Name**

Desert Healthcare District

Date Stamp

**California
Form 802**

Division, Department, or Region (if applicable)

For Official Use Only

Designated Agency Contact (Name, Title)

Chris Christensen, Chief Executive Officer

Area Code/Phone Number

760-323-6113

E-mail

cchristensen@dhcd.org

☐ **Amendment** (Must Provide Explanation in Part 3.)Date of Original Filing: _____
(month, day, year)**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 125.00

Event Description: GCVCC Annual Installation Date(s) 06/10/2025 06/10/2025

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

4. Verification

I have read and understand FPCC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Chris Christensen

Signature of Agency Head or Designee

Chris Christensen

Print Name

Chief Executive Officer

Title

07/30/2025

(month, day, year)

Comment: _____

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

California Form 802
A Public Document
Agency Name

Desert Healthcare District

3. Recipients

•Use Section A to identify the agency's department or unit. •Use Section B to identify an individual. •Use Section C to identify an outside organization.

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

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