Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Desert Healthcare District** Form For Official Use Only Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Chris Christensen, Interim CEO Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 760-323-6113 cchristensen@dhcd.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 69.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Indio State of the City Date(s) __10__/ 31 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: . Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🔀 Income ... Rogers, Carole If checking "Ceremonial Role" or "Other" describe below. 1 FPCC 18944.1 (c) Public Purpose Ceremonial Role Other Income 🔲 If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passas

4. Verification

| I have read and unders | thind if | PPCI | Regulations | 18944.1 i | and 18942. | I have verific | ed that the | distribution s | set forth abov | e, is in a | accordance |
|------------------------|----------|------|-------------|-----------|------------|----------------|-------------|----------------|----------------|------------|------------|
| with the requirements. | 1 11 | - 1 | | | | | | | | , | |
| | 1 1/ | 1 | | | | | | | | | |

Signature of Appendix Ford & Page 1986

Chris Christensen

Chief Administrative Officer

11/19/19 (month, day, year)

Comment: _____

Agency Report of:

| | ~ | | | , . | | , , | | | | | | | | |
|---|----|----|---|-----|-----|-----|-----|-----|-------|-----|-------|---------|---------|--------|
| C | e. | re | m | ٥r | ıia | LR | lo! | e F | vente | and | Ticke | at/Page | Dietrih | utions |

| 1. | Agency Name | | · · · · · · · · · · · · · · · · · · · | | | Date Stamp | Californi | a 802 |
|----|--------------------------------------|-------------------|---------------------------------------|-----------------------------------|--------------------|--|------------------------|------------------------------|
| | Desert Healthcare District | | | | | | Form | 002 |
| | Division, Department, or Regi | on (if applicable |) | | | | For Offici | al Use Only |
| | | | | | | | | |
| | Designated Agency Contact (| Name,Title) | | | | 1 | | |
| | Chris Christensen, Interim C | EO | | | | Amendment (Must | Provide Evolunation | in Part 21 |
| | Area Code/Phone Number | E-mail | | | | Mandinant (Must | Provide Explanation |) BI Part 3.) |
| | 760-323-6113 | cchristenser | @dhcd.e | org | | Date of Original Filing | (month, day, y | ear) |
| 2. | Function or Event Inform | nation | | | | | | |
| | Does the agency have a tick | et policy? | Yes 🔀 | No □ F | ace Value of | Each Ticket/Pass \$ | 69.00 | |
| | Event Description: Indio Sta | | | | | <u>, 31 , 19</u> | 1 | 1 |
| | | Provide T | itle/ Explana | tion | • • | | | |
| | Ticket(s)/Pass(es) provided | by agency? | Yes 🛛 | No □ II | no: | Name of Source | | |
| | Was ticket distribution made | at the hehes | t Voc 🗆 | | | | | |
| | of agency official? | at the benes | r res [_] | NO [A] | , | Official's Name (Last, First | " | |
| | | 0 8 | | | | | | |
| 3. | Recipients | | | | | | | |
| | Use Section A to identify the agence | cy's department o | runit. • U | se Section B to i | dentify an individ | lual. • Use Section C to ide | ntify an outside or | zanization. |
| | A. Name of Agency, Depa | rtment or Unit | | Number of Ticket(s)/ Passes | Describe th | e public purpose made p | ursuant to the age | ncy's policy |
| | | | | 1,03003 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | B. Name of India (Last, Firs | | | Number of Ticket(s)/ Passes | | Identify one of the | following: | |
| | De Lara, Leticia | | | | Çeren | nonial Role Other | প্র | Income |
| | De Lara, Lettola | | | 1 | FPCC 1894 | king "Ceremonial Role" or "Other" (4.1 (c) Public Purpos | describe below: | |
| | | | | | 11 00 1054 | 4.1 (b) t abile t alpos | | |
| | | | | | Ceren | nonial Role Other | | Income 🔲 |
| | | | - 1 | | If chec | king "Ceremonial Role" or "Other" o | describe below: | |
| | | | | | | | | |
| | C. Name of Outside Or | | | Number of Ticket(s)/ | Describe th | ie public purpose made pi | ursuant to the ace | ncy's policy |
| | (include address and | description) | | Passes | I le-on month | | Daniel Branch - Arthur | national and a second of the |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4. | Verification | | | | | | | |
| | I have read and understand FP | PC Regulation | s 18944.1 | and 18942. | I have verified | that the distribution set | forth above, is i | in accordance |
| | with the requirements. | | | | | | | |
| | - hillia | | | hristensen | Ch | nief Administrative Of | | 1/19/19 |
| | Signature of Agents Head or Design | be and | Prin | it Name | | Title | (m | onth, day, year) |
| | Comment: | | | | | | | |
| | | | | | | | | |

Agency Report of:

| Ceremonial Role Events and Ticket/Pass Distributions | | A Public Document |
|--|------------|-----------------------|
| . Agency Name | Date Stamp | California 802 |
| Desert Healthcare District | | Form OUZ |
| Division, Department, or Region (if applicable) | | For Official Use Only |
| | | |
| | | |

| | Desert Healthcare District | | | | | 101111 |
|----|---|--|-----------------------------------|---------------------------------------|--|-----------------------------|
| | Division, Department, or Rec | jion (if applicable) | | | | For Official Use Only |
| | Designated Agency Contact | (Name, Title) | | | | |
| | Chris Christensen, Interim | CEO | | | Amendment (Must Prov | ide Evalanation in Part 3.1 |
| | Area Code/Phone Number | E-mail | | | | ide Explanation in Fatt 5.7 |
| | 760-323-6113 | cchristensen@dhc | d.org | | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Info | mation | | · · · · · · · · · · · · · · · · · · · | 60.0 | 00 |
| | Does the agency have a tic | ket policy? Yes | ⊠ No□ F | ace Value of | Each Ticket/Pass \$ 69.0 | |
| | Event Description: Indio St | ate of the City | | Date(s)10 | <u>, 31 , 19</u> _ | |
| | Ticket(s)/Pass(es) provided | Provide Title/ Explain by agency? Yes | ination ⊠ No □ Ⅱ | f no: | Name of Source | <u> </u> |
| | | | | | | |
| | Was ticket distribution mad of agency official? | e at the behest Yes | □ No⊠ " | f yes: | Official's Name (Last, First) | |
| 3. | Recipients | | | | | |
| | • Use Section A to identify the age | ncy's department or unit. | Use Section B to | identify an individ | iual. • Use Section C to identify | an outside organization. |
| | A. Name of Agency, Dep | artment or Unit | Number of Ticket(s)/ Passes | Describe th | ne public purpose made pursu | ant to the agency's policy |
| | | | | | · · · · · | |
| | | | | | | |
| | | | | | | · |
| | B. Name of Inc. (Last, Fi | | Number of Ticket(s)/ Passes | | identify one of the following | owing: |
| | Borja, Karen | | 1 | If chec | nonial Role Other Kanning Ceremonial Role or Other descrit 4.1 (c) Public Purpose | Income |
| | • | | | | nonial Role Other Chief Chief descri | Income |
| | C. Name of Outside C (include address an | | Number of Ticket(s)/ Passes | Describe th | e public purpose made pursu | ant to the agency's policy |
| | | | | | | |
| 4. | Verification | | J | | ··· | |
| _ | I have read and understand Fi | PPC Regulations 1894 | 4.1 and 18942. | I have verified | that the distribution set fort | h above, is in accordance |
| | with the requirements. | | Christensen | Ch | ief Administrative Office | 11/19/19 |
| | Signature of Agency Head & Design | nee F | Print Name | | Title | (month, day, year) |
| | Comment: | | | | | |

| 1. A | Agency Name | | | | Date Stamp | California 802 |
|------|---|-----------------------|-----------------------------------|-----------------|--|-----------------------------|
| | Desert Healthcare District | | | | · | Form OUZ |
| Ē | ivision, Department, or Reg | jion (if applicable) | | | | For Official Use Only |
| 1 | N/A | | | | | |
| Ī | Designated Agency Contact | (Name, Title) | | | | |
| (| Chris Christensen, Chief Ad | dministrative Officer | • | | Amendment (Must Provi | de Explanation in Part 3.) |
| Ā | rea Code/Phone Number | E-mail | | | | |
| | 760-323-6365 | cchristensen@dh | ncd.org | | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Info | mation | | | 405 | 00 |
| - 1 | Does the agency have a tic | ket policy? Yes | s⊠ No□ F | ace Value of | Each Ticket/Pass \$ 195. | <u> </u> |
| 1 | Event Description: Center S | Stage 2019 | C | ate(s) 10 | <u>, 25 , 19</u> | |
| | Пcket(s)/Pass(es) provided | Provide Title/ Exp | | no: | | |
| | ricket(s)/Fass(es) provided | T by agency ? | s⊠ No□ lf | 110. | Name of Source | |
| ١ | Nas ticket distribution mad of agency official? | e at the behest Yes | s□ No⊠ ^{lf} | yes: | Official's Name (Last, First) | |
| 3. | Recipients • Use Section A to identify the age | | Number | | | Weller B. A. I |
| | A. Name of Agency, Dep | aldielt of Git | of Ticket(s)/ Passes | Describe a | e public purpose made pursua | nit to die agailof a boulof |
| | B. Name of Inc | | Number of Ticket(s)/ | | identify one of the folio | owing: |
| | (Last, Fi | irst) | Passes | | | |
| | Rogers, Carole | | 2 | If chec | nonial Role DOther Moler of the Country of the Coun | Income L de below |
| | | | | - | nonial Role Other O king "Ceremonial Role" or "Other" describ | Income |
| | C. Name of Outside (include address an | | Number of Ticket(s)/ Passes | Describe th | e public purpose made pursua | ant to the agency's policy |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Verification I have read and understand F with the requirements | PPC Regulations 189 | 144.1 and 18942. | I have verified | that the distribution set fortl | n above, is in accordance |
| | have read and understand F | Chri | 144.1 and 18942. | | that the distribution set forth tief Administrative Officer | |

| 1. | Agency Name | | | | Date Stamp | California 802 |
|----|---|---------------------|-----------------------------------|-----------------|--|-------------------------------|
| | Desert Healthcare District | | | | ĺ | Form OUZ |
| | Division, Department, or Reg | ion (if applicable) | | | i | For Official Use Only |
| | N/A | | | | | |
| | Designated Agency Contact | (Name, Title) | | | 1 | |
| | Chris Christensen, Chief Ad | ministrative Offic | er | | Amandment (16:44 C- | ovide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | . Minandinant (must rit | ovide explanation in Part 3.) |
| | 760-323-6365 | cchristensen@ | dhcd.org | | Date of Original Filing: _ | (month, dey, year) |
| 2. | Function or Event Infor | mation | | | · | ····· |
| | Does the agency have a ticl | ket policy? | ⁄es⊠ No□ F | ace Value of | Each Ticket/Pass \$ 19 | 5.00 |
| | Event Description: Center S | Stage 2019 | | | <u>, 25 , 19</u> | |
| | T: | Provide Title/ | | | | |
| | Ticket(s)/Pass(es) provided | by agency? | res⊠ No 🔲 If | no: | Name of Source | |
| | Was ticket distribution made | at the behest | | | Official's Name (Last, First) | |
| | of agency official? | | CS NO E | • | Official's Name (Last, First) | |
| 3. | Recipients • Use Section A to identify the agen A. Name of Agency, Depart | | Number of Ticket(s)/ | | lual. • Use Section C to identi- | |
| | B. Name of ind | | Number of Ticket(s)/ | 37 Az = | identify one of the fo | allowing: |
| | (Last, Fir | st) | Passes | | | |
| | MD, Zendle, Les | | 2 | If chec | nonial Role Other king *Ceremonial Role* or *Other* desi 4.1 (c) Public Purpose | |
| | | | | | nonial Role Other description of "Other" descriptions | Income Cribe below: |
| | C. Name of Outside C | | Number of Ticket(s)/ Passes | Describe th | ne public purpose made purs | uant to the agency's policy |
| | | | | | | |
| 4. | Verification | | | | | |
| | I have read and understand FF with the requirements | PPC Regulations 1 | 8944.1 and 18942. | I have verified | that the distribution set fo | rth above, is in accordance |
| | | | nris Christensen | Ch | ief Administrative Offic | |
| | Signature of Agency Head or Design | nee | Print Name | | Title | (month, day, year) |
| | Comment: | | | | | |

Agency Report of:

| Ceremonial | Role | Events a | nd Ticket/Pass | s Distributions |
|------------|------|----------|----------------|-----------------|

| 1. | Agency Name | | | | Date Stamp | California OOO | | |
|----|-------------------------------------|------------------------|-----------------------------------|--|--|--------------------------------|--|--|
| | Desert Healthcare District | | | | | Form 802 | | |
| | Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only | | |
| | | | | | | | | |
| | Designated Agency Contact | (Name, Title) | | - | 1 | | | |
| | Chris Christensen, Interim C | EO | | | D Amanda ast 44 18 | 1 | | |
| | Area Code/Phone Number | E-mail | | | . L. Amenament (Must Pri | ovide Explanation in Part 3.) | | |
| | 760-323-6113 | cchristensen@ | dhcd.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 \$ 69 | .00 | | |
| | Event Description: La Quint | a State of the Ci | ty D | | , 02 , 19 | | | |
| | Ticket(s)/Pass(es) provided | Provide Title/ | • | no: | | | | |
| | ricket(s)/Fass(es) provided | by agency? | res 🔀 No 🔲 🕕 | 110 | Name of Source | | | |
| | Was ticket distribution made | at the behest | res □ No ⊠ lf | yes: | Official's Name (Last, First) | | | |
| | of agency official? | | | | Official's Name (Last, First) | | | |
| _ | | | | | | | | |
| 3. | • | | | | | | | |
| | Use Section A to identify the agent | ncy's department or un | lual. • Use Section C to identi | ly an outside organization. | | | | |
| | A. Name of Agency, Depart | ertment or Unit | Number of Ticket(s)/ Passes | Describe th | e public purpose made purs | uant to the agency's policy | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | İ | | | | | |
| | | | | | | | | |
| | B. Name of Individual (Last, First) | | Number of Ticket(s)/ Passes | | Identify one of the fo | Identify one of the following: | | |
| | Rogers, Carole | | | Ceren | Ceremonial Role Other Management | | | |
| | Nogers, Carole | | 1 | If checking "Ceremonial Role" or "Other" describe below: FPCC 18944.1 (c) Public Purpose | | | | |
| | | | 1 | 11 00 1094 | 4.1 (c) Fublic Furpose | | | |
| | | | | Ceren | nonial Role Other | Income □ | | |
| | | | | if checi | king "Ceremonial Role" or "Other" desc | aribe below: | | |
| | | | | | | | | |
| | C. Name of Outside O | | Number of Ticket(s)/ | Describe th | e public purpose made purs | uant to the agency's policy | | |
| | (include address and | I description) | Passes | to the second second second | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| _ | | | | | | | | |
| 4. | Verification | | | | | | | |
| | I have read and understand FF | PPC Regulations 1 | 8944.1 and 18942. | have verified | that the distribution set fo | rth above, is in accordance | | |
| | with the requirements. | | | | | | | |
| | moll. I | | nris Christensen | Ch | ief Administrative Offic | | | |
| | Signature of Agency Head or Dadge | hee | Print Name | | Title | (month, day, year) | | |
| | Comment: | | | | | | | |
| | | | | | | | | |

| 1. | Agency Name | | | | Date Stamp | California | 000 |
|----|---|-----------------------------|-------------------------|--------------------|-------------------------------------|-----------------------|-----------------|
| | Desert Healthcare District | | | | | Form | 802 |
| | Division, Department, or Reg | lon (if applicable) | | | | For Official | Use Only |
| | | | | | | İ | |
| | Designated Agency Contact | (Name,Title) | | | | | |
| | Chris Christensen, Interim C | CEO | | | Amendment (Must | Servido Sucionation i | in Cost 21 |
| | Area Code/Phone Number | E-mail | | | Mulandinant (wast) | Provide Explanation I | n Part 3.) |
| | 760-323-6113 | cchristensen@dhcc | d.org | | Date of Original Filing: | (month, day, ye | ar) |
| _ | Function or Event Infor | | | | } | (monn, day, ya | / |
| ۷. | | | | | 6 | 9.00 | |
| | Does the agency have a tic | | | | Each Ticket/Pass \$ _ | | |
| | Event Description: La Quin | la State of the City | | ate(s)10 | <u>, 02 , 19</u> | | / |
| | Talesta (Deceles) and ded | Provide Title/ Explai | nation | | | | |
| | Ticket(s)/Pass(es) provided | by agency? Yes [| יו ∟ו וא | по: | Name of Source | | |
| | Was ticket distribution made | at the behest Yes | | | Official's Name (Last, First) | | |
| | of agency official? | | | | Official's Name (Last, First) |) | |
| _ | | | | | | | |
| 3. | • | | | | | | |
| | Use Section A to identify the agental section A to identify the agent | ncy's department or unit. • | | dentity an individ | lual. • Use Section C to ider | itify an outside orga | nization. |
| | A. Name of Agency, Dep | artment or Unit | Number of Ticket(s)/ | Describe th | e public purpose made pu | rsuant to the agen | cy's policy |
| | | | Passes | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | Number | | | | |
| | B. Name of Ind (Last, Fit | | of Ticket(s)/ | | Identify one of the | following: | |
| | | | rasses | C | nonial Role Other | 21 | income 🔲 |
| | Borja, Karen | | 1 | If check | king "Ceremonial Role" or "Other" d | escribe below: | income L |
| | | | ' | FPCC 1894 | 4.1 (c) Public Purpos | е | |
| | | | | Ceres | nonial Role Other [| | Income 🗆 |
| | | | | | king "Ceremonial Role" or "Other" d | | mone 🗀 |
| | | | | | | | |
| | Name of Outside C |)manization | Number | | | | |
| | C. Name of Outside C | | of Ticket(s)/ Passes | Describe th | e public purpose made pu | irsuant to the agen | cy's policy |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4. | Verification | | * | • | | | |
| | I have read and understand FI | PPC Regulations 18944 | 1.1 and 18942. | I have verified | that the distribution set | forth above, is in | accordance |
| | with the requirements. | | | | | • | |
| | 1 de la laction | Chris · | Christensen | Ch | nief Administrative Off | icer 11 | 1/19/19 |
| | Signature of Agency Head or Desig | | rint Name | | Title | | nth, day, year) |
| | | | | | | | |
| | Comment: | | | | | | |

| | Agency Name | | • | | Date Stamp | California Q02 |
|----|--------------------------------------|---------------------------|-----------------------------------|--------------------|---|-------------------------------|
| | Desert Healthcare District | | | | | Form OUZ |
| | Division, Department, or Reg | ion (if applicable) | | | 1 | For Official Use Only |
| | N/A | | | | | |
| | Designated Agency Contact | • | | | 1 | |
| | Chris Christensen, Chief Ad | lministrative Officer | | | Amendment (Must Pr | ovide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | | |
| | 760-323-6365 | cchristensen@dho | cd.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 \$ 11 | 0.00 |
| | Event Description: CVEP E | conomic Summit | | hato(s) 11 | <u>, 19 , 19</u> | , , |
| | Event Description. | Provide Title/ Expl | enetion | Jale(S) | | |
| | Ticket(s)/Pass(es) provided | by agency? Yes | No □ II | no: | Name of Source | |
| | | | | | | |
| | Was ticket distribution made | e at the behest Yes | □ No⊠ " | r yes: | Official's Name (Last, First) | |
| | of agency official? | | | | | |
| 3. | Recipients | | | n . | | |
| | • Use Section A to identify the ager | ncy's department or unit. | • Use Section B to i | dentify an individ | lual. • Use Section C to identi | ify an outside organization. |
| | A. Name of Agency, Depa | artment or Unit | Number of Ticket(s)/ | Describe th | ne public purpose made purs | suant to the agency's policy |
| | | | Passes | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | • | | | | | |
| | B. Name of Ind (Last, Fit | | Number of Ticket(s)/ Passes | | identify one of the fo | ollowing: |
| | De Lara, Leticia | | | | nonial Role Other 🗵 | |
| | Do Lara, Loudia | | 1 | | king "Ceremonial Role" or "Other" des 4.1 (C) Public Purpose | cribe below: |
| | | | | 11 00 1034 | 4.1 (c) i ubile i dipose | |
| | | | | Ceren | nonial Role Other | Income |
| | | | | If chec | king "Ceremonial Role" or "Other" des | |
| | | | | | | |
| | C. Name of Outside O | | Number of Ticket(s)/ | Describe th | ne public purpose made purs | usent to the agency's policy |
| | (include address and | d description) | Passes | Describe u | ie pablic purposa made pura | odent to the allench a bouch |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | } | | | |
| 1. | Verification | | | | | |
| | I have read and understand FF | PPC Regulations 1894 | 4.1 and 18942. | I have verified | that the distribution set fo | orth above, is in accordance |
| | with the requirements | | | | | |
| | 1/1.5 | Chris | Christensen | Ch | ief Administrative Offic | er 11/20/19 |
| | Signature of Agency Head or Design | | Print Name | | Title | (month, day, year) |
| | Comment: | | | | | |
| | CAUTHURIN | | | | | |

| | gency Report of: Seremonial Role Even | ts and Ticket/P | ass Distrib | outions | A | Public Document | |
|----|--|---|-----------------------------------|----------------------------------|----------------------------------|-------------------------------|--|
| 1. | Agency Name Desert Healthcare District | | | | Date Stamp | California 802 | |
| | Division, Department, or Reg | | | | | For Official Use Only | |
| | Chris Christensen, Chief Ad Area Code/Phone Number | • | | | Amendment (Must Pro | ovide Explanation in Part 3.) | |
| | 760-323-6365 | cchristensen@dhcc | d.org | | Date of Original Filing: | (month, day, year) | |
| | Does the agency have a ticket Description: CVEP E Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? | conomic Summit Provide Title/ Explain by agency? Yes | ate(s) 11 | of Each Ticket/Pass \$ 110.00 1 | | | |
| 3 | . Recipients • Use Section A to identify the ager | ıcy's department or unit. | Use Section B to id | entify an indivi | lual. • Use Section C to identif | fy an outside organization. | |
| | A. Name of Agency, Department | artment or Unit | Number of Ticket(s)/ Passes | Describe th | ne public purpose made purs | uant to the agency's policy | |
| | B. Name of Ind | | Number of Ticket(s)/ | | identify one of the fo | llowing: | |

| MD, Zendle, Les | 1 | Ceremonial Role Other M Income FPCC 18944.1 (c) Public Purpose |
|---|-----------------------------------|---|
| | | Ceremonial Role Other Income Income Income Income |
| 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 |
| | | |
| Verification | | |
| I have read and understand FPPC Regulations 18 | 3944.1 and 18942. | I have verified that the distribution set forth above, is in accordance |

Passes

Chris Christensen

Print Name

(Last, First)

with the requirements.

Comment: _

11/19/19

(month, day, year)

Chief Administrative Officer

Title

| | gency Name | ts and Ticket/P | doo Dioui | Dudona | | blic Document |
|------|--|--|---|--|--|--|
| - | sency manne esert Healthcare District | | | | Date Stamp | California 802 |
| | vision, Department, or Reg | ion (if applicable) | | | | For Official Use Only |
| N/ | | | | | | |
| De | signated Agency Contact | (Name,Title) | | | | |
| Cł | nris Christensen, Chief Ad | Iministrative Officer | | | □ A | - B1 |
| Ar | ea Code/Phone Number | E-mail | | | Amendment (Must Provide | e Explanation in Paπ 3.) |
| 76 | 60-323-6365 | cchristensen@dhc | d.org | | Date of Original Filing: | month, day, year) |
| . Fı | unction or Event Info | mation | | | 75.00 | |
| | oes the agency have a tic | | | ace Value of | Each Ticket/Pass \$ 75.00 | <u> </u> |
| E۱ | vent Description: Nationa | Philanthropy Day Lu | ncheon C | Date(s)11 | , 08 , 19 | |
| Tie | cket(s)/Pass(es) provided | • | | no: | | |
| | | | | | Name of Source | <u>. </u> |
| | as ticket distribution mad of agency official? | e at the behest Yes [| □ No⊠ ^{If} | yes: | Official's Name (Last, First) | |
| - | Recipients Use Section A to identify the age A. Name of Agency, Dep | | Use Section B to i | | lual. • Use Section C to identify a | |
| _ | | | | | | |
| _ | | | | | | |
| E | 3. Name of Ind (Last, Fi | | Number of Ticket(s)/ Passes | | Identify one of the follow | ving: |
| - | W • | | of Ticket(s)/ | If chec | Identify one of the follow nonial Role Other Kander or Other describe 4.1 (c) Public Purpose | Income [|
| - | (Last, Fi | | of Ticket(s)/ Passes | FPCC 1894 | nonial Role Other X | Income [|
| | (Last, Fi | organization | of Ticket(s)/ Passes | FPCC 1894 | nonial Role Other day Ceremonial Role or Other describe 4.1 (c) Public Purpose | Income In |
| | (Last, Fi | organization | of Ticket(s)/ Passes 1 Number of Ticket(s)/ | FPCC 1894 | nonial Role Other And Other | Income [below: Income [below: |
| . Ve | Name of Outside Of (include address an erification | Organization d description) PPC Regulations 18944 | of Ticket(s)/ Passes 1 Number of Ticket(s)/ Passes | PPCC 1894 Ceren If check Describe th | nonial Role Other And Other | Income [below: Income [below: to the agency's policy |

| Agency Na | me | · · · · · · · · · · · · · · · · · · · | | | Date Stamp | California 802 |
|-------------------|---|---------------------------------------|---|--------------------------|--|--------------------------------|
| | thcare District | | | | · | Form OUZ |
| Division, Dep | artment, or Reg | ion (if applicable) | | | | For Official Use Only |
| N/A | | | | | | |
| Designated A | gency Contact (| (Name, Title) | | | | |
| Chris Christe | ensen, Chief Ad | ministrative Officer | | | Amendment (Must Pr | rovide Explanation in Part 3) |
| Area Code/Ph | none Number | E-mail | | | | orioo expension arr ore o.y |
| 760-323-636 | 65 | cchristensen@dhc | d.org | | Date of Original Fiting: _ | (month, day, year) |
| Function o | or Event infor | mation | | | 75 | . 00 |
| Does the ag | ency have a ticl | ket policy? Yes [| ⊠ No□ F | ace Value of | Each Ticket/Pass \$ 75 | 5.00 |
| Event Descri | iption: <u>National</u> | Philanthropy Day Lu | |)ate(s)11 | , 08 , 19 | |
| Ticket(s)/Pas | ss(es) provided | by agency? Yes | | no: | Name of Source | |
| Was ticket di | istribution mada | at the behest Yes [| | | Official's Name (Last, First) | |
| of agency of | | 162 | | , | Official's Name (Last, First) | _ |
| Recipient | | | | | | |
| • Use Section A | A to identify the agen | cy's department or unit. • | | dentify an individ | ual. • Use Section C to identi | ify an outside organization. |
| A. Na | me of Agency, Depa | artment or Unit | Number of Ticket(s)/ Passes | Describe th | e public purpose made pur | suant to the agency's policy |
| | | | | | | |
| | Name of Ind | ividual | Number | | Identify one of the f | |
| В. | Name of Indi (Last, Fir | | Number of Ticket(s)/ Passes | | identify one of the fo | ollowing: |
| B. Shorr, Arth | (Lest, Fir | | of Ticket(s)/ | If chec | Identify one of the formula Role Other of the formula Role or "Other" des 4.1 (c) Public Purpose | Income |
| | (Lest, Fir | | of Ticket(s)/ | FPCC 1894 | nonial Role Other X | Income |
| Shorr, Arth | (Lest, Fir | st) | of Ticket(s)/ | FPCC 1894 Ceren | nonial Role Other Xing "Ceremonial Role" or "Other des 4.1 (c) Public Purpose nonial Role Other on ang "Ceremonial Role" or "Other" des | Income |
| Shorr, Arth | (Lest, Fit | st) | of Ticket(s)/ Passes 1 Number of Ticket(s)/ | FPCC 1894 Ceren | nonial Role Other Xing "Ceremonial Role" or "Other des 4.1 (c) Public Purpose nonial Role Other on ang "Ceremonial Role" or "Other" des | Income Income Income Income |
| Shorr, Arthu | (Lest, Fir ur Name of Outside O nclude address and | st) | of Ticket(s)/ Passes 1 Number of Ticket(s)/ | FPCC 1894 Ceren | nonial Role Other Xing "Ceremonial Role" or "Other des 4.1 (c) Public Purpose nonial Role Other on ang "Ceremonial Role" or "Other" des | Income |
| Shorr, Arthu | Name of Outside Onclude address and | rganization description) | of Ticket(s)/ Passes 1 Number of Ticket(s)/ Passes | FPCC 1894 Ceren If chec | nonial Role Other des ding "Ceremonial Role" or "Other" des des des des des des des des des des | Income Income Income Income |

| | Agency Name | | | Date Stamp C: | alifornia 802 |
|-----|--|--|---------------------------------------|--|--|
| - 1 | Desert Healthcare District | | | | 10m |
| Ī | Division, Department, or Region (if applicable) | 1 | For Official Use Only | | |
| | N/A | | | | |
| | Designated Agency Contact (Name, Title) | | | | |
| | Chris Christensen, Chief Administrative Officer Area Code/Phone Number E-mail | | | Amendment (Must Provide E | Explanation in Part 3.) |
| | 760-323-6365 cchristensen@dt | cd.org | | Date of Original Filing: | onth, day, year) |
| 2. | Function or Event Information | | | | |
| | Does the agency have a ticket policy? Yes | s⊠ No□ F | ace Value of | Each Ticket/Pass \$ 75.00 | |
| | Event Description: National Philanthropy Day | uncheon | Date(s)11 | <u>, 08 , 19</u> | |
| | · · | | f no: | | |
| | | | | Name of Source | |
| , | Was ticket distribution made at the behest Yes of agency official? | S□ No⊠ ^I | f yes: | Official's Name (Last, First) | |
| 3. | Recipients | A I I - Continue D A- | | | |
| | Use Section A to identify the agency's department or unit. | Number | I I I I I I I I I I I I I I I I I I I | tual. • Use Section C to identity and | outside organization. |
| | A. Name of Agency, Department or Unit | of Ticket(s)/ Passes | Describe th | Describe the public purpose made pursuant to the agency's po | |
| | | | | | |
| | B. Name of Individual | Number of Ticket(s)/ | | Identify one of the following | ng: |
| | (Last, First) | | Comm | | |
| | | of Ticket(s)/ | If chec | Identify one of the following nonial Role Other Nonial Role Other Nonial Role Other Nonial Role Other Nonial Role Other Nonial Role Other Nonial Role Other Nonial Role Other Nonial Role Other Nonial Role Other Nonial Role Other Nonial Role Other Nonial Role | Income [|
| | (Last, First) | of Ticket(s)/ Passes | FPCC 1894 | nonial Role Other K | Income [|
| | (Last, First) | of Ticket(s)/ Passes | FPCC 1894 | nonial Role Other Ale or 'Other' describe be 4.1 (c) Public Purpose | Income [Income [Income [|
| | (Last, First) MD, Barzaga, Conrado C. Name of Outside Organization (Include address and description) | of Ticket(s)/ Passes 1 Number of Ticket(s)/ | FPCC 1894 | nonial Role Other king "Ceremonial Role" or "Other" describe be 4.1 (c) Public Purpose nonial Role Other king "Ceremonial Role" or "Other" describe be | Income [Income [Income [|
| | (Last, First) MD, Barzaga, Conrado Name of Outside Organization | of Ticket(s)/ Passes 1 Number of Ticket(s)/ Passes | FPCC 1894 Cerer If chec | nonial Role Other Alarmonial Role Other Alarmonial Role Other Alarmonial Role Other O | Income In |

| 1. | Agency Name | | | | Date Stamp | California 802 |
|----|--------------------------------------|-----------------------|---------------------------|---------------------|---------------------------------------|--------------------------------|
| | Desert Healthcare District | | | | i | Form OUZ |
| | Division, Department, or Reg | ion (if applicable) | | | 1 | For Official Use Only |
| | N/A | | | | | |
| | Designated Agency Contact | (Name,Title) | | | | |
| | Chris Christensen, Chief Ad | ministrative Offi | cer | | Amendment (Must P | rovide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | Amendment (most) | Ovide Explanation not art 3.7 |
| | 760-323-6365 | cchristensen@ | dhcd.org | | Date of Original Filing: . | (month, day, year) |
| 2. | Function or Event Infor | nation | | | | |
| | Does the agency have a tic | ket policy? | Yes⊠ No ☐ F | ace Value of | Each Ticket/Pass \$ 59 | 3.00 |
| | Event Description: All Valle | , , | | | , 25 , 19 | |
| | Event Description: | Provide Title | | Jate(s) | <u> </u> | |
| | Ticket(s)/Pass(es) provided | by agency? | Yes ☑ No ☐ !f | no: | Name of Source | |
| | | | | | | |
| | Was ticket distribution made | at the behest | Yes □ No 図 If | yes: | Official's Name (Last, First) | |
| | of agency official? | | | | | |
| 3. | Recipients | | | | | |
| | * Use Section A to identify the ager | ıcy's department or u | nit. • Use Section B to i | dentify an individ | lual. • Use Section C to ident | ify an outside organization. |
| | A. Name of Agency, Depart | artment or Unit | Number of Ticket(s)/ | Describe th | ne public purpose made pur | suant to the agency's policy |
| | | | Passes | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | Number | | | - |
| | B. Name of Ind (Last, Fit | | of Ticket(s)/ | | identify one of the f | ollowing: |
| | The same lifty | | r doedd | Coron | nonial Role 🔲 Other 🔀 | Income 🔲 |
| | MD, Zendle, Les | | 1 1 | If chec | king "Ceremonial Role" or "Other" de: | scribe below: |
| | | | ' | FPCC 1894 | 4.1 (c) Public Purpose | 12 |
| | | | | Ceren | nonial Role O Other C | Income \Box |
| | | | | | king "Ceremonial Role" or "Other" de | |
| | | | | | | |
| | Name of Outside O | roanization | Number | Paradh at | 4.17 | |
| | C. (Include address and | description) | of Ticket(s)/ Passes | Describe un | ie public purpose made pur | suant to the agency's policy |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4. | Verification | | | | | |
| | I have read and understand FF | PC Regulations | 18944.1 and 18942. | I have verified | that the distribution set fo | orth above, is in accordance |
| | with the requirements. | | | | | |
| | - Und lute | | hris Christensen | Ch | nief Administrative Offic | cer 11/19/19 |
| | Signalure of Agency Head or Design | nee | Print Name | | Title | (month, day, year) |
| | Comment: | | | | | |
| | | | | | | |

| | Agency Name | Date Stamp C | alifornia 802 | | |
|-----|--|---|--------------------------|---|--|
| | Desert Healthcare District | | 101111 | | |
| C | Division, Department, or Region (if applicable) | | | | For Official Use Only |
| | N/A | | | | |
| | Designated Agency Contact (Name, Title) | | | | |
| | Chris Christensen, Chief Administrative Officer | | | Amendment (Must Provide E | Explanation in Part 3.) |
| A | rea Code/Phone Number E-mail | | | | 8.0 |
| | 760-323-6365 cchristensen@dh | cd.org | | Date of Original Filing: | onth, day, year) |
| . 1 | Function or Event Information | | | 50.00 | |
| ſ | Does the agency have a ticket policy? Yes | No □ F | ace Value of | Each Ticket/Pass \$ 59.00 | |
| F | Event Description: All Valley Mayor & Tribal Ch | eair Lunch | oate(s) <u>09</u> | <u>, 26 , 19 </u> | |
| - | • | | no: | | |
| | | , PO 140 PO 14 | | Name of Source | |
| ١ | Nas ticket distribution made at the behest Yes of agency official? | I No⊠ If | ' yes: | Official's Name (Last, First) | |
| | Recipients • Use Section A to identify the agency's department or unit. | Use Section B to i | dentify an individ | lual. • Use Section C to identify an o | outside organization. |
| | A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | | e public purpose made pursuant (| |
| | | | | | |
| | D Name of Individual | Number | | | |
| | B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | | Identify one of the following | ng: |
| | ENT CONTROL OF THE PROPERTY OF | of Ticket(s)/ | # chec | Identify one of the following nonial Role Other Make the following "Ceremonial Role" or "Other" describe be 4.1 (c) Public Purpose | Income |
| | (Last, First) | of Ticket(s)/ Passes | FPCC 1894 | nonial Role Other X | Income I |
| | (Last, First) | of Ticket(s)/ Passes | FPCC 1894 | nonial Role Other A | Income Income |
| | (Last, First) Matthews, Mark Name of Outside Organization | of Ticket(s)/ Passes 1 Number of Ticket(s)/ | FPCC 1894 | nonial Role Other A king "Ceremonial Role" or "Other" describe be 4.1 (c) Public Purpose nonial Role Other king "Ceremonial Role" or "Other" describe be | Income Income low: |
| | (Last, First) Matthews, Mark Name of Outside Organization | of Ticket(s)/ Passes 1 Number of Ticket(s)/ | FPCC 1894 | nonial Role Other A king "Ceremonial Role" or "Other" describe be 4.1 (c) Public Purpose nonial Role Other king "Ceremonial Role" or "Other" describe be | Income Income low: |
| - 1 | (Last, First) Matthews, Mark C. Name of Outside Organization (include address and description) | of Ticket(s)/ Passes 1 Number of Ticket(s)/ Passes | FPCC 1894 Ceren If chec | nonial Role Other 4.1 (c) Public Purpose nonial Role Other or Other describe be nonial Role Other Other or Other describe be republic purpose made pursuant 1 | Income In |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Desert Healthcare District** For Official Use Only Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Chris Christensen, Chief Administrative Officer Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 760-323-6365 cchristensen@dhcd.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 59.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: All Valley Mayor & Tribal Chair Lunch Date(s) _ 09 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: __ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗵 Income PerezGil, Evett If checking "Ceremonial Role" or "Other" describe below 1 FPCC 18944.1 (c) Public Purpose Ceremonial Role Other 🔲 Income 🔲 If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy C. (include address and description)

4. Verification

| i nave read and understand, | FPPC Regulations | 18944.1 and 1 | 18942. I have \ | rentied that the | e distribution se | et forth above, | is in accordance |
|-----------------------------|------------------|---------------|-----------------|------------------|-------------------|-----------------|------------------|
| with the requirements. | 1- | | | | | ŕ | |

Chris Christensen

Chief Administrative Officer

11/19/19

Comment: _____

(month, day, year)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name California **Date Stamp** Form **Desert Healthcare District** For Official Use Only Division, Department, or Region (if applicable) N/A Designated Agency Contact (Name, Title) Chris Christensen, Chief Administrative Officer Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ 760-323-6365 cchristensen@dhcd.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 59.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: All Valley Mayor & Tribal Chair Lunch Date(s) __09__/ 26 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗵 Income Borja, Karen If checking "Ceremonial Role" or "Other" describe below: 1 FPCC 18944.1 (c) Public Purpose Ceremonial Role Other 🔲 Income __ If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization of Ticket(s)/ C. Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

| i have read and underst a f | d FPP | C Regulations | 18944.1 and | d 18942. | I have verified that | t the distribution | set forth above, | is in accordan | ce |
|---|-------|---------------|-------------|----------|----------------------|--------------------|------------------|----------------|----|
| I have read and understand with the requirements | 1 1 | | | | | | · | | |

| (hole to | Chris Christensen | Chief Administrative Officer |
|--------------------------------------|-------------------|------------------------------|
| Signature of Agency Head or Designee | Print Name | Title |

11/19/19 (month, day, year)

| Agency Name | | | | Date Stamp Ca | ilifornia OAA |
|---|--|--|--------------------------|--|--|
| Desert Healthcare [| District | | | | llifornia 802 Form |
| Division, Departmen | t, or Region (if applicable) | | | | For Official Use Only |
| N/A | | | | | |
| Designated Agency | Contact (Name, Title) | | | | |
| Chris Christensen, | Chief Administrative Office | r | | Amendment (Must Provide E | xplanation in Part 3 1 |
| Area Code/Phone Nu | umber E-mail | | | | |
| 760-323-6365 | cchristensen@d | hcd.org | | Date of Original Filing:(moi | nth, day, year) |
| . Function or Ever | nt Information | | | 50.00 | |
| Does the agency ha | * * | | ace Value of | Each Ticket/Pass \$ 59.00 | |
| Event Description: | All Valley Mayor & Tribal C | chair Lunch | ate(s) | <u>, 26 , 19</u> | |
| Ticket(s)/Pass(es) r | provided by agency? Ye | | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , contract by eganny. | | | Name of Source | |
| Was ticket distributi of agency official? | ion made at the behest Ye | s□ No⊠ ^{If} | yes: | Official's Name (Last, First) | |
| | ify the agency's department or unit | . * Use Section B to i | | lual. • Use Section C to identify an o | |
| | | Passes | | | |
| | | | | | |
| B. N | ame of Individual (Last, First) | Number of Ticket(s)/ | | Identify one of the following | g: |
| B. Na Shorr, Arthur | Control of the contro | | If chec | Identify one of the following nonial Role Other Middle Other describe belief 1 (c) Public Purpose | Income [|
| | Control of the contro | of Ticket(s)/ Passes | FPCC 1894 | nonial Role Other X | Income [|
| Shorr, Arthur | Control of the contro | of Ticket(s)/ Passes | FPCC 1894 Cerer | nonial Role Other Monorial Role Other Monorial Role Other describe bell | Income Income Income |
| Shorr, Arthur C. Name of (include ac | (Last, First) | of Ticket(s)/ Passes 1 Number of Ticket(s)/ | FPCC 1894 Cerer | nonial Role Other ling "Ceremonial Role" or "Other" describe belied 4.1 (c) Public Purpose nonial Role Other king "Ceremonial Role" or "Other" describe belied | Income Income Income |
| Shorr, Arthur C. Name of (include at | (Last, First) f Outside Organization ddrass and description) | of Ticket(s)/ Passes 1 Number of Ticket(s)/ Passes | PPCC 1894 Cerer If chec | nonial Role Other ling "Ceremonial Role" or "Other" describe belied 4.1 (c) Public Purpose nonial Role Other king "Ceremonial Role" or "Other" describe belied | Income In |

| A F | Public Document |
|---------------------|------------------------------|
| tamp | California 802 |
| | Form OUZ |
| | For Official Use Only |
| ent (Must Pro | vide Explanation in Part 3.) |
| nal Filing: | (month, day, year) |
| | |
| Pass \$ <u>75.6</u> | 00 |
| - | |
| | |
| rce | |
| (Last, First) | |
| | |
| on C to identify | y an outside organization. |
| e made pursu | ant to the agency's policy |
| | |
| | |
| one of the fol | lowing: |
| Other 🔀 | Income |

| 1. | Agency Name | · · | | Date Stamp | California 802 | | | | |
|----|--|-----------------------------------|---------------------------------|---|--------------------------------|--|--|--|--|
| | Desert Healthcare District | | | | 101111 | | | | |
| | Division, Department, or Region (if applicable) | 1 | For Official Use Only | | | | | | |
| | N/A | | | | | | | | |
| | Designated Agency Contact (Name, Title) | 1 | | | | | | | |
| | Chris Christensen, Chief Administrative Officer | Amendment (Must | Provide Explanation in Part 3.) | | | | | | |
| | Area Code/Phone Number E-mail | | | | rovido espairanoir ay rais o., | | | | |
| | 760-323-6365 cchristensen@dhd | cd.org | | Date of Original Filing: | (month, day, year) | | | | |
| 2. | Function or Event Information | | | | | | | | |
| | Does the agency have a ticket policy? Yes | ⊠ No □ F | ace Value of | Each Ticket/Pass \$ $\frac{7}{2}$ | <u>′5.00</u> | | | | |
| | Event Description: Palm Springs Annual State of Provide Title/ Expl. | of the City | | | | | | | |
| | Ticket(s)/Pass(es) provided by agency? Yes | | no: | Name of Source | | | | | |
| | | | | | | | | | |
| | Was ticket distribution made at the behest Yes of agency official? | □ No⊠ ^{II} | yes: | Official's Name (Last, First, |) | | | | |
| _ | | | | | | | | | |
| 3. | Recipients | | | | | | | | |
| | Use Section A to identify the agency's department or unit. | lual. • Use Section C to ider | atify an outside organization. | | | | | | |
| | A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe th | e public purpose made pu | ursuant to the agency's policy | | | | |
| | | i | | | | | | | |
| | | | | | | | | | |
| | B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | | Identify one of the | following: | | | | |
| | MD, Zendle, Les | 1 | If check | nonial Role Other I king "Ceremonial Role" or "Other" o 4.1 (c) Public Purpos | describe below: | | | | |
| | | | | nonial Role Other king "Ceremonial Role" or "Other" of | | | | | |
| | C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe th | e public purpose made pu | ursuant to the agency's policy | | | | |
| | | | | | | | | | |
| 4. | Verification | 1 | | | | | | | |
| ** | I have read and understand FPPC Regulations 1894 | 4.1 and 18942. | I have verified | that the distribution set | forth above, is in accordance | | | | |
| | with the requirements. | | | | | | | | |
| | | Christensen | Ch | ief Administrative Off | | | | | |
| | Signature of Agitncy Head or Designee | Print Name | | Title | (month, day, year) | | | | |
| | Comment: | | | | | | | | |

| 1. | Agency Name | | | | | Date Stamp | California | 802 | |
|----|---|-------------------|-------------------------------|-------------------------|---|---|------------------------|--------------|--|
| | Desert Healthcare District | | | | | | Form | | |
| | Division, Department, or Reg | on (if applicable | 1 | For Official U | se Only | | | | |
| | N/A | | | | | | | | |
| | Designated Agency Contact (| 1 | | | | | | | |
| | Chris Christensen, Chief Ad | Amendment (Must F | Provide Evaluation in | Cost 2 L | | | | | |
| | Area Code/Phone Number | E-mail | | • | | | · | | |
| | 760-323-6365 | cchristense | n@dhcd. | org | | Date of Original Filing: | (month, day, year, | <u> </u> | |
| 2. | Function or Event Infor | mation | | | | _ | | | |
| | Does the agency have a tick | ket policy? | Yes 🗵 | No □ F | ace Value of | Each Ticket/Pass \$ 7 | 5.00 | | |
| | Event Description: Palm Sp | rings Annual | State of t | the City | ate(s) | <u>, 25 , 19</u> | | | |
| | Ticket(s)/Pass(es) provided | | - | | no: | Name of Source | | | |
| | | | | | | | | | |
| | Was ticket distribution made | at the behes | st Yes 🗆 | l No⊠ ^{If} | yes: | Official's Name (Last, First) | 1 | | |
| | of agency official? | | | | | | | | |
| 3. | Recipients | | | | | | | | |
| | • Use Section A to identify the agen | cy's department | lual. • Use Section C to iden | itify an outside organ | ization. | | | | |
| | A. Name of Agency, Depa | | | Number of Ticket(s)/ | | e public purpose made pu | | | |
| | | | | Passes | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | 38,870-000 | | | | | | | | |
| | B. Name of Individual | | | Number of Ticket(s)/ | | Identify one of the following: | | | |
| | (Last, Fire | Si() | 3344 | Passes | | | - | | |
| | Matthews, Mark | | - 1 | | | nonial Role Other Other Other Other | | Income 🔲 | |
| | | | | 1 | | 4.1 (c) Public Purpose | | | |
| | | | | | | | | | |
| | | | | | I | nonial Role | _ | Income 🗌 | |
| | | | | | | | | | |
| | | | | Number | | | | | |
| | C. Name of Outside O (include address and | | | of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency | | | 's policy | |
| | | THE RESERVE | 1000 | rasque | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 1 | Verification | | | | | | | | |
| Τ. | I have read and understand FF | IPC Regulation | ne 1 <i>8044</i> : | 1 and 180/2 | I have verified: | that the distribution sat t | forth above is in a | ocamianaa | |
| | with the requirements | / O i regulation | 15 10577. | 1 and 10342. | r nave vermeu | mat the distribution set i | ioitii above, is iii e | iccordance | |
| | 11. 1 lite | | Chris C | hristensen | Ch | nief Administrative Officer 11/19/19 | | | |
| | Signature or Agency Head or Design | lee | | it Name | <u></u> | Title | | , day, year) | |
| | | | | | | | 4 | 3, 3, | |
| | Comment: | | | | | | | | |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Desert Healthcare District** For Official Use Only Division, Department, or Region (if applicable) N/A Designated Agency Contact (Name, Title) Chris Christensen, Chief Administrative Officer Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: _ 760-323-6365 cchristensen@dhcd.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 75.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Palm Springs Annual State of the City Date(s) 09 / 25 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: __ Yes ☑ No 🏻 Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗵 Income PerezGil, Evett If checking "Ceremonial Role" or "Other" describe below 1 FPCC 18944.1 (c) Public Purpose Ceremonial Role Other Income __ If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

| I have read and understand FPPC Regulations | 18944.1 and 18942. | I have verified that the distribution | n set forth above, is in accordance |
|--|--------------------|---------------------------------------|-------------------------------------|
| I have read and understand FPPC Regulations with the requirements. | | | |
| 11/1/ | | | |

| my fra | Unns Unnstensen | Chief Administrative Officer | 11/19/19 |
|--------------------------------------|-----------------|------------------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| | | | |

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

| | Desert Healthcare District | | | | | Form OUZ |
|----|--|---|-----------------------------------|---|--------------------------------------|-------------------------|
| | Division, Department, or Regi | on (if applicable) | | | | For Official Use Only |
| | | | | | <u>}</u> | |
| | Designated Agency Contact (| • | | | | |
| | Chris Christensen, Interim C Area Code/Phone Number | EO l'É-mail | E.3 | | Amendment (Must Provide | Explanation in Part 3.) |
| | | | J | | Date of Original Filing: | |
| | 760-323-6113 | cchristensen@dhc | a.org | | (m | onth, day, year) |
| 2. | Function or Event Infor | mation | | | 400.00 | |
| | Does the agency have a tick | cet policy? Yes | ⊠ No 🗆 📑 | ace Value of | Each Ticket/Pass \$ 100.00 | |
| | Event Description: Pueblo L | Jnido CDC Fundraise Provide Title/ Expla | er | Date(s)11 | <u>, 15 , 19</u> | |
| | Ticket(s)/Pass(es) provided | by agency? Yes | ⊠ No 🗆 🛚 II | f no: | Name of Source | |
| | Was ticket distribution made | at the behavior | | | | |
| | of agency official? | at the benest Yes | □ No⊠ " | yes | Official's Name (Last, First) | |
| _ | Desisionts | | | | | |
| 3. | Recipients Use Section A to identify the agen | cv's department or unit. | The Section B to | identify an individ | dual. • Use Section C to identify an | outside organization |
| | | | Number | | | |
| | A. Name of Agency, Depa | irtment or Unit | of Ticket(s)/ Passes | Describe th | ne public purpose made pursuant | to the agency's policy |
| | | | | | | |
| | | | | | | |
| | | | | | //C | |
| | | Mary Service | Number | | | |
| | B. Name of Indi | | of Ticket(s)/ Passes | | Identify one of the followi | ng: |
| | De Lara, Leticia | | | | monial Role Other K | Income 🗀 |
| | | | 1 | | 4.1 (c) Public Purpose | BOW. |
| | | | | | monial Role O Other O | Income 🔲 |
| | | | | | monial Role | _ |
| | | | | | | |
| | C. Name of Outside O | | Number of Ticket(s)/ Passes | Describe th | ne public purpose made pursuant | to the agency's policy |
| | | | | | | * |
| | | | | | | |
| | | | | | | |
| - | | | | | | |
| 1. | Verification | mon | | ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | I have read and understand FF with the requirements. A | PC Regulations 18944 | 4.1 and 18942. | I have verified | that the distribution set forth a | bove, is in accordance |
| | (1) 1 | Chris | Christensen | Ch | nief Administrative Officer | 11/19/19 |
| | Signature of Agency Head or Design | | Print Name | | Title Title | (month, day, year) |
| | | | | | | • |
| | Comment: | | | | | |

| ** | ts and Ticket/P | uoo Biotii | | | A Public D | |
|--|---|--|--------------------------|--|--|---------------|
| Agency Name | | | | Date Stamp | Californ | ia 802 |
| Desert Healthcare District Division, Department, or Regi | | | zial Use Only | | | |
| | | | | | | |
| N/A Designated Agency Contact (| | İ | | | | |
| | | | | | | |
| Chris Christensen, Chief Administrative Officer | | | | Amendment (Mu | st Provide Explanatio | n in Part 3.) |
| Area Code/Phone Number | E-mail | | | | | |
| 760-323-6365 | cchristensen@dhc | d.org | | Date of Original Filin | (month, day, | year) |
| Function or Event Infor | mation | | | | | |
| Does the agency have a ticl | ket policy? Yes [| ⊠ No □ F | ace Value of | Each Ticket/Pass \$ | 300.00 | |
| Event Description: LifeStrea | _ | | | 19 | | |
| Event Description: | 10 | | | | | |
| Ticket(s)/Pass(es) provided | Provide Title/ Explain by agency? Yes E | | | | | |
| | , 101 11 | | | Name of Source | | |
| Was ticket distribution made | e at the behest Yes [| Ĵ No⊠ ^H | f yes: | Official's Name (Last, Fil | mt) | |
| of agency official? | | | | Oliciais Ivallia (Last, Fil | 130) | |
| A Name of Agency, Depa | artment or Unit | Number of TicketteV | Describe th | e public nurpose made | pursuant to the ac | ency's policy |
| A. Name of Agency, Department | artment or Unit | Number of Ticket(s)/ Passes | Describe th | e public purpose made | pursuant to the ag | ency's policy |
| B. Name of Indi | ividual | of Ticket(s)/ Passes Number of Ticket(s)/ | Describe th | e public purpose made | | ency's policy |
| | ividual | of Ticket(s)/ Passes | Describe th | Identify one of ti | he following: | ency's policy |
| B. Name of Indi | ividual | of Ticket(s)/ Passes Number of Ticket(s)/ | Ceren | | he following: | ency's policy |
| B. Name of Indi | ividual | of Ticket(s)/ Passes Number of Ticket(s)/ Passes | Ceren If check FPCC 1894 | Identify one of ti | he following: r r describe below: DSE | |
| B. Name of Indi | ividual st) | of Ticket(s)/ Passes Number of Ticket(s)/ Passes | Ceren # chec | Identify one of the stories Role Other or "Other of the day "Ceremonial Role" or "Other or "Othe | he following: If X If describe below: OSE If C If C If C If C If C If C If C If | Income |
| B. Name of Indi (Last, Fit MD, Zendle, Les C. Name of Outside O (include address and | ividual st) | of Ticket(s)/ Passes Number of Ticket(s)/ Passes 1 | Ceren # chec | Identify one of the nonial Role Other or "Other Other | he following: If X If describe below: OSE If C If C If C If C If C If C If C If | Income |
| B. Name of Indi (Last, Fir MD, Zendle, Les | ividual st) | of Ticket(s)/ Passes Number of Ticket(s)/ Passes 1 | Ceren # chec | Identify one of the nonial Role Other or "Other Other | he following: If X If describe below: OSE If C If C If C If C If C If C If C If | Income |

| (las (Vide | Chris Christensen | Chief Administrative C |
|--------------------------------------|-------------------|------------------------|
| Signature of Agency Head or Designee | Print Name | Title |

(month, day, year)

Comment: _

| 1. | Agency Name | | | | Date Stamp | California 802 |
|----|--|--------------------------|-----------------------------------|--------------------|--|-------------------------------------|
| | Desert Healthcare District | | | | | 101111 |
| | Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only |
| | Designated Agency Contact | (Name Title) | | } | | |
| | Chris Christensen, Interim C | , , | | | | |
| | Area Code/Phone Number | IE-mail | | | Amendment (Must I | Provide Explanation in Part 3.) |
| | 760-323-6113 | cchristensen@dl | acd ora | | Date of Original Filing: | |
| | - W-11 - 11 - 11 - 11 - 11 - 11 - 11 - | | | | | (month, day, year) |
| 2. | Function or Event Infor | mation | | | 2 | 9E 00 |
| | Does the agency have a tick | ket policy? Ye | s⊠ No□ F | ace Value of | Each Ticket/Pass \$ $\frac{2}{}$ | 3.00 |
| | Event Description: Taste of | Palm Springs | | ate(s) 10 | <u>/ 15 / 19</u> | |
| | T 1 1/3/19 / 3 11 1 | Provide Title/Ex | • | , | | |
| | Ticket(s)/Pass(es) provided | by agency? Ye | s⊠ No 🔲 II | no: | Name of Source | |
| | Was ticket distribution made | e at the behest Ye | | | Official's Name (Last, First) | |
| | of agency official? | | | | Official's Name (Last, First) | 1 |
| _ | | | | | | |
| 3. | Recipients | | | | | |
| | Use Section A to identify the ager | ncy's department or unit | | dentify an individ | Iual. • Use Section C to iden | itify an outside organization. |
| | A. Name of Agency, Dep | artment or Unit | Number of Ticket(s)/ Passes | Describe th | ne public purpose made pu | rsuant to the agency's policy |
| | | | | | | |
| | | | | | 74. | |
| | | | Number | | | |
| | B. Name of ind (Last, Fit | | of Ticket(s)/ Passes | | Identify one of the | following: |
| | Rogers, Carole | | 2 | If chec | nonial Role Other Disking "Ceremonial Role" or "Other" of 4.1 (c) Public Purpose | escribe below. |
| | | | | 11 00 1034 | 4.1 (c) i abile i aipose | |
| | | | | _ | nonial Role Other Other Other Other | |
| | | | i | | | |
| | C. Name of Outside C | | Number of Ticket(s)/ Passes | Describe th | ne public purpose made pu | rsuant to the agency's policy |
| | | • 1111/1111 | | | | |
| | | | | | | |
| _ | Verification | · · · | | 1 | | |
| ** | I have read and understand FI with the requirements. | PPC Regulations 189 | 944.1 and 18942. | I have verified | that the distribution set | forth above, is in accordance |
| | The Continuents | - | | | | |
| | Signature of Agency Head or Design | | is Christensen Print Name | Ch | nief Administrative Off | icer 11/19/19 (month, day, year) |
| | Chamber of Userick Lieur of Design | 1120 | · IIIL (VOII)© | | HUB | (monut, day, year) |
| | Comment: | | | | | |

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name California **Date Stamp** Form **Desert Healthcare District** For Official Use Only Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Chris Christensen, Interim CEO Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ 760-323-6113 cchristensen@dhcd.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 30.00 Does the agency have a ticket policy? Yes ☑ No □ Event Description: Boys & Girls Club Casino Royale Date(s) __10 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🔀 Income Rogers, Carole If checking "Ceremonial Role" or "Other" describe below: 2 FPCC 18944.1 (c) Public Purpose Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization of Ticket(s)/ C. Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

| i nave | read and und | erstand FPPC | Regulations | 18944.1 and | 18942. | I have verified | that the | distribution | set forth above, | , is in accordai | nce |
|--------|----------------|--------------|-------------|-------------|--------|-----------------|----------|--------------|------------------|------------------|-----|
| with t | he requirement | ts. | | | | | | | | | |
| | he requirement | 1 | | | | | | | | | |
| - 11 | 1 11 | | _ | | | | | | | | |

| 1/100 0.10 | Unris Unristensen | Chief Administrative Officer | 11/19/19 |
|--------------------------------------|-------------------|------------------------------|--------------------|
| Signature of Agency-Read or Designee | Print Name | Title | (month, day, year) |
| | | | |
| Comment: | | | |