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

1. Agency Name
Desert Healthcare District
Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)
Chris Christensen, Interim CEO

Area Code/Phone Number E-mail
760-323-6113 cchristensen@dhcd.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 69.00
Event Description: Indio State of the City
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ Date(s) 10 / 31 / 19
If no: ____________________________________________
Name of Source
If yes: ____________________________________________
Official’s Name (Last, First)

3. Recipients
* Use Section A to identify the agency’s department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<td>Rogers, Carole</td>
<td>1</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
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4. Verification
I have read and understood FPCC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency, Field or Designee: Chris Christensen
Print Name: Chris Christensen
Chief Administrative Officer
Title: Interim CEO
Date: 11/19/19
(month, day, year)

Comment: ________________________________

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Desert Healthcare District
Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)
Chris Christensen, Interim CEO
Area Code/Phone Number
760-323-6113
E-mail
ccchristensen@dhcd.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No □
Face Value of Each Ticket/Pass $ 69.00
Event Description: Indio State of the City
Provide Title/Explanatory
Ticket(s)/Pass(es) provided by agency? Yes ☒ No □
If no: ____________________________
Name of Source
Date(s) 10/31/19
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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|                                     |                             | Ceremonial Role ☐ Other ☐ Income │
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Signature of Agency Head or Designee
Chris Christensen
Print Name
Chief Administrative Officer
Title
11/19/19 (month, day, year)

Comment: ____________________________

FPPC Form 802 (2/2016)
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   Designated Agency Contact (Name, Title)
   Chris Christensen, Interim CEO

   Area Code/Phone Number
   760-323-6113
   E-mail
   cchristensen@dhcd.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $69.00

   Event Description: Indio State of the City
   Date(s) 10 / 31 / 19

   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
   ______________________________________ | ________________________ | ________________________________________________
   ______________________________________ | ________________________ | ________________________________________________
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   B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:
   ______________________________________ | ________________________ | Ceremonial Role ☐ Other ☒ Income ☐
   Borja, Karen                      1                          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
   ______________________________________ | ________________________ | ________________________________________________
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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.
   ____________________________      ____________________________ | 11/19/19 (month, day, year)
   Signature of Agency Head/Designee | Print Name | Title

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

1. Agency Name
Desert Healthcare District
Division, Department, or Region (if applicable)
N/A
Designated Agency Contact (Name, Title)
Chris Christensen, Chief Administrative Officer
Area Code/Phone Number 760-323-6365
E-mail cchristensen@dhcd.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 195.00
Event Description: Center Stage 2019
Date(s) 10 / 25 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no:
If yes: 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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<td>Rogers, Carole</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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Signature of Agency Head or Designee: [Signature]
Chris Christensen
Print Name
Chief Administrative Officer
Title
Date 11/19/19
(month, day, year)

Comment: [Comment]
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions  

1. Agency Name  
Desert Healthcare District  
Division, Department, or Region (if applicable)  
N/A  
Designated Agency Contact (Name, Title)  
Chris Christensen, Chief Administrative Officer  
Area Code/Phone Number  
760-323-6365  
E-mail  
ccchristensen@dhcd.org  

2. Function or Event Information  
Does the agency have a ticket policy?  Yes ☑ No ☐  
Face Value of Each Ticket/Pass $195.00  
Event Description:  Center Stage 2019  
Date(s) 10 / 25 / 19  
Ticket(s)/Pass(es) provided by agency?  Yes ☑ No ☐  
Name of Source  
Was ticket distribution made at the behest of agency official?  Yes ☐ No ☑  
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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Signature of Agency Head or Designee  
Chris Christensen  
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Print Name  
Title  
11/19/19  
(month, day, year)  

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

1. Agency Name
Desert Healthcare District

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)
Chris Christensen, Interim CEO

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 $ 69.00
Event Description: La Quinta State of the City
Date(s) 10 / 02 / 19
Ticket(s)/Pass(es) provided by agency?  Yes ☒ No ☐
If no: ______________________________________
Name of Source
If yes: ______________________________________
Official's Name (Last, First)

3. Recipients
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Signature of Agency Head or Designee

Chris Christensen
Print Name
Chief Administrative Officer
Title
11/19/19 (month, day, year)

Comment: ______________________________________
Agency Name: Desert Healthcare District
Designated Agency Contact: Chris Christensen, Interim CEO
Area Code/Phone Number: 760-323-6113
E-mail: cchristensen@dhcd.org

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $69.00
Event Description: La Quinta State of the City
Date(s): 02/19
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

3. Recipients

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Signature of Agency Head or Designee: [Signature]
Print Name: Chris Christensen
Title: Chief Administrative Officer
Date (month, day, year): 11/19/19

Comment:

FFPC Form 802 (2/2016)
FFPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Desert Healthcare District
Division, Department, or Region (if applicable)
N/A
Designated Agency Contact (Name, Title)
Chris Christensen, Chief Administrative Officer
Area Code/Phone Number
760-323-6365
E-mail
cchristensen@dhcd.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: CVEP Economic Summit
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
Face Value of Each Ticket/Pass $110.00
Date(s) 11/19/19
If no: Name of Source
If yes: Official’s Name (Last, First)

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

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Signature of Agency Head or Designee: ________________
Chris Christensen
Chief Administrative Officer
Print Name
Title
11/20/19
(month, day, year)

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

1. Agency Name
   Desert Healthcare District

   Division, Department, or Region (if applicable)
   N/A

   Designated Agency Contact (Name, Title)
   Chris Christensen, Chief Administrative Officer

   Area Code/Phone Number
   760-323-6365

   E-mail
   cchristensen@dchd.org

2. Function or Event Information
   Does the agency have a ticket policy? ☑ No ☐
   Face Value of Each Ticket/Pass $110.00
   Event Description: CVEP Economic Summit
   Date(s) 11 / 19 / 19
   Ticket(s)/Pass(es) provided by agency? ☑ No ☐
   If no: __________________________
   Name of Source
   If yes: __________________________
   Official's Name (Last, First)

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   Signature of Agency Head or Designee: __________________________
   Chris Christensen
   Print Name: __________________________
   Chief Administrative Officer
   Title: __________________________
   (month, day, year) 11/19/19

   Comment: __________________________
## Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
Desert Healthcare District

### 2. Function or Event Information

<table>
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<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☑ No ☐</th>
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<tbody>
<tr>
<td>Event Description:</td>
<td>National Philanthropy Day Luncheon</td>
</tr>
<tr>
<td>Date(s)</td>
<td>11/08/19</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☑ No ☐</td>
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<td>Was ticket distribution made at the behest of agency official?</td>
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Signature of Agency Head or Designee: [Signature]

Print Name: Chris Christensen

Title: Chief Administrative Officer

Date: 11/19/19

Comment: ____________________________

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Desert Healthcare District

   Division, Department, or Region (if applicable)
   N/A

   Designated Agency Contact (Name, Title)
   Chris Christensen, Chief Administrative Officer

   Area Code/Phone Number
   760-323-6365
   E-mail
   cchristensen@dhcd.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 75.00
   Event Description: National Philanthropy Day Luncheon
   Date(s) 11 / 08 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: ____________________________
   Name of Source
   If yes: ____________________________
   Official’s Name (Last, First)

3. Recipients
   * Use Section A to identify the agency’s department or unit.  
   * Use Section B to identify an individual.  
   * Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
</table>
   | Shorr, Arthur                       | 1                           | Ceremonial Role ☐ Other ☒ Income ☐
   |                                      |                             | If checking “Ceremonial Role” or “Other” describe below:
   |                                      |                             | FPCC 18944.1 (c) Public Purpose |

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Chris Christensen
   Print Name
   Chief Administrative Officer
   Title
   11/19/19 (month, day, year)

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

1. Agency Name
Desert Healthcare District
Division, Department, or Region (if applicable)
N/A
Designated Agency Contact (Name, Title)
Chris Christensen, Chief Administrative Officer
Area Code/Phone Number  E-mail
760-323-6365  cchristensen@dhcd.org

2. Function or Event Information
Does the agency have a ticket policy?  Yes ☒ No ☐  Face Value of Each Ticket/Pass $ 75.00
Event Description: National Philanthropy Day Luncheon
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency?  Yes ☒ No ☐  Date(s) 11 / 08 / 19
Was ticket distribution made at the behest of agency official?  Yes ☐ No ☒ If no: ________________________________
If yes: ________________________________  Name of Source
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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<td>MD, Barzaga, Conrado</td>
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Signature of Agency Head or Designee  Chris Christensen  Chief Administrative Officer
Print Name  Title  11/19/19 (month, day, year)

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

1. Agency Name
Desert Healthcare District

Division, Department, or Region (if applicable)
N/A

Designated Agency Contact (Name, Title)
Chris Christensen, Chief Administrative Officer

Area Code/Phone Number E-mail
760-323-6365 cchristensen@dhcd.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $59.00
Event Description: All Valley Mayor & Tribal Chair Lunch
Date(s) 09 / 25 / 19
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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<td>Ceremonial Role ☒ Other ☐ Income ☐</td>
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FPCC 18944.1 (c) Public Purpose

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[Signature] Chris Christensen Chief Administrative Officer 11/19/19
Print Name Title
(month, day, year)

Comment: ______________________________
1. Agency Name
Desert Healthcare District
Division, Department, or Region (if applicable)
N/A
Designated Agency Contact (Name, Title)
Chris Christensen, Chief Administrative Officer
Area Code/Phone Number
760-323-6365
E-mail
ccchristensen@dhcd.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 59.00
Event Description: All Valley Mayor & Tribal Chair Lunch
Date(s) 09 / 26 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: ____________________________________________________________
Name of Source
If yes: ____________________________________________________________
Official’s Name (Last, First)
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

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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Signature of Agency Head or Designee: [Signature]
Print Name: Chris Christensen
Title: Chief Administrative Officer
Date: 11/19/19 (month, day, year)

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

1. Agency Name
Desert Healthcare District
Division, Department, or Region (if applicable)
N/A
Designated Agency Contact (Name, Title)
Chris Christensen, Chief Administrative Officer
Area Code/Phone Number 760-323-6365
E-mail cchristensen@dhcd.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $59.00
Event Description: All Valley Mayor & Tribal Chair Lunch
Date(s) 09 / 26 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: __________________________________________
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☑
If yes: _________________________________________
Official's Name (Last, First)

3. Recipients
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<td>1</td>
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<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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Signature of Agency Head or Designee: Chris Christensen
Print Name: Chief Administrative Officer: 11/19/19

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

1. Agency Name
Desert Healthcare District

Division, Department, or Region (if applicable)
N/A

Designated Agency Contact (Name, Title)
Chris Christensen, Chief Administrative Officer

Area Code/Phone Number  E-mail
e 760-323-6365 cchristensen@dhcd.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐

Event Description: All Valley Mayor & Tribal Chair Lunch

Face Value of Each Ticket/Pass $ 59.00

Date(s) 09 / 26 / 19

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 ☒

Official’s Name (Last, First) ________________________________

3. Recipients
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Signature of Agency Head or Designee ________________________________

Chris Christensen Print Name

Chief Administrative Officer Title 11/19/19

(month, day, year)

Comment: ________________________________

FPCC Form 802 (2/2016)
FPCC Toll-Free Helpline: 866/ASK-FPCC (866/275-3772)
Agency Name: Desert Healthcare District

Division, Department, or Region (if applicable): N/A

Designated Agency Contact (Name, Title): Chris Christensen, Chief Administrative Officer

Area Code/Phone Number: 760-323-6365
E-mail: cchristensen@dhcd.org

Face Value of Each Ticket/Pass: $59.00

Date(s): 09/26/19

Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐

Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

Name of Source:

Official’s Name (Last, First):

Recipients:

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

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<td>Shorr, Arthur</td>
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<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
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Signature of Agency Head/Designee: Chris Christensen
Print Name: Chief Administrative Officer
Title: 11/19/19

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

1. Agency Name
Desert Healthcare District
Division, Department, or Region (if applicable)
N/A
Designated Agency Contact (Name, Title)
Chris Christensen, Chief Administrative Officer
Area Code/Phone Number 760-323-6365
E-mail cchristensen@dhcd.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑
Face Value of Each Ticket/Pass $75.00
Event Description: Palm Springs Annual State of the City
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
Date(s) 09/25/19
Name of Source
If yes: Official's Name (Last, First)

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

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Signature of Agency Head or Designee
Chris Christensen
Chief Administrative Officer
Print Name
Title
Date 11/19/19
(month, day, year)
Comment:

FPCC Form 802 (2/2016)
FPCC Toll-Free Helpline: 866/ASK-FPCC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Desert Healthcare District
Division, Department, or Region (if applicable)
N/A
Designated Agency Contact (Name, Title)
Chris Christensen, Chief Administrative Officer
Area Code/Phone Number
760-323-6365
E-mail
ccchristensen@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 $ 75.00
Date(s) 09 / 25 / 19
Event Description: Palm Springs Annual State of the City
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: ____________________
Name of Source
If yes: ____________________
Official's Name (Last, First)

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Signature of Agency Head or Designee Chris Christensen Chief Administrative Officer 11/19/19
Print Name Title (month, day, year)

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

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Division, Department, or Region (if applicable)
N/A
Designated Agency Contact (Name, Title)
Chris Christensen, Chief Administrative Officer
Area Code/Phone Number 760-323-6365
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 $75.00
Event Description: Palm Springs Annual State of the City Date(s) 09 / 25 / 19
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐ If yes: Name of Source
Official’s Name (Last, First)

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Signature of Agency Head or Designee
Chris Christensen, Chief Administrative Officer 11/19/19
Print Name
Title (month, day, year)

Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Name: Desert Healthcare District
Division, Department, or Region (if applicable)
Designated Agency Contact (Name, Title)
Chris Christensen, Interim CEO
Area Code/Phone Number 760-323-6113
E-mail cchristensen@dhcd.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $100.00
Event Description: Pueblo Unido CDC Fundraiser Date(s) 11/15/19
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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>De Lara, Leticia</td>
<td>1</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

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: [Signature]
Chris Christensen, Print Name
Chief Administrative Officer, Title
11/19/19 (month, day, year)

Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. **Agency Name**
   - Desert Healthcare District
   - Division, Department, or Region (if applicable): N/A
   - Designated Agency Contact (Name, Title):
     - Chris Christensen, Chief Administrative Officer
   - Area Code/Phone Number: 760-323-6365
   - E-mail: cchristensen@dchd.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☒ No ☐
   - Face Value of Each Ticket/Pass: $300.00
   - Event Description: LifeStream Thanks4Giving Gala
   - Date(s): 11/22/19
   - Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   - Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

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 Tickets/Passes**: 
   **Describe the public purpose made pursuant to the agency's policy**

   **B. Name of Individual (Last, First)**: MD, Zendle, Les
   **Number of Ticket(s)/Passes**: 1
   **Identify one of the following:**
   - Ceremonial Role ☐ Other ☒ Income ☐
   - 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 Administrative Officer
   - Signature of Agency Head or Designee
   - Date: 11/23/19

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

1. Agency Name
Desert Healthcare District

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)
Chris Christensen, Interim CEO

Area Code/Phone Number
760-323-6113

E-mail
ccchristensen@dhcd.org

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: Taste of Palm Springs

Date(s) 10 / 15 / 19

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tr>
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<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rogers, Carole</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FPCC 18944.1 (c) Public Purpose</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Include address and description)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification

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

Signature of Agency Head or Designee

Chris Christensen
Print Name

Chief Administrative Officer
Title

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

Comment:

FPCC Form 802 (2/2016)
FPCC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Agency Report of:**
**Ceremonial Role Events and Ticket/Pass Distributions**

1. **Agency Name**
   Desert Healthcare District

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Face Value of Each Ticket/Pass:** $30.00
   - **Event Description:** Boys & Girls Club Casino Royale
   - **Date(s):** 10/07/19
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☒ No ☐
   - **Was ticket distribution made at the behest of agency official?** Yes ☒ No ☐

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**
   **Number of Ticket(s)/Passes**
   **Identify one of the following:**

   - **Ceremonial Role ☒ Other ☐ Income ☐**
   - **FPCC 18944.1 (c) Public Purpose**

   **C. Name of Outside Organization**
   **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:** [Signature]
   **Chris Christensen**
   **Chief Administrative Officer**
   **Print Name:**
   **Title:**
   **Date:** 11/19/19

   **Comment:**

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