

**Agency Report of:  
Ceremonial Role Events and  
Ticket/Admission Distributions**

**A Public Document**

<b>1. Agency Name</b> CITY OF INDIAN WELLS <i>Division, Department, or Region (if applicable)</i>		Date Stamp	California Form <b>802</b> For Official Use Only
Street Address 44950 ELDORADO DRIVE			
Designated Agency Contact (Name, Title) RODERICK J. WOOD, INTERIM CITY MANAGER		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 760/346-2489	E-mail rwood@indianwells.com		

**2. Function, Event, or Ceremonial Role Information**

Title BNP PARIBAS OPEN TENNIS Face Value of Each Admission \$ 2,500

Description TENNIS TOURNAMENT Date(s) 3 / 8 / 12 3 / 18 / 12

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Wilkey, Micaela	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Promotion of Marketing & Tourism Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

**3. Verification**

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


 \_\_\_\_\_ RODERICK J. WOOD \_\_\_\_\_ INTERIM CITY MANAGER \_\_\_\_\_ 4-10-12  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space for an attachment for any additional information including amendment explanation.)

**Agency Report of:  
Ceremonial Role Events and  
Ticket/Admission Distributions**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
CITY OF INDIAN WELLS			
Division, Department, or Region (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Street Address			
44950 ELDORADO DRIVE			
Designated Agency Contact (Name, Title)			
RODERICK J. WOOD, INTERIM CITY MANAGER			
Area Code/Phone Number	E-mail		
760/346-2489	rwood@indianwells.com		

**2. Function, Event, or Ceremonial Role Information**

Title BNP PARIBAS OPEN TENNIS Face Value of Each Admission \$ 2,500  
 Description TENNIS TOURNAMENT Date(s) 3 / 8 / 12 3 / 18 / 12

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: \_\_\_\_\_  
 Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

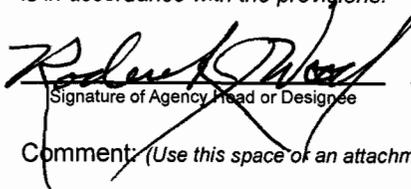
Yes  No  If yes: \_\_\_\_\_  
 Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Samuelson, Nancy	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Promotion of Marketing & Tourism Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

**3. Verification**

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

 RODERICK J. WOOD INTERIM CITY MANAGER 4-10-12  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

**Agency Report of:  
Ceremonial Role Events and  
Ticket/Admission Distributions**

**A Public Document**

<b>1. Agency Name</b> CITY OF INDIAN WELLS <i>Division, Department, or Region (if applicable)</i>		Date Stamp	California Form <b>802</b> For Official Use Only
Street Address 44950 ELDORADO DRIVE			
Designated Agency Contact (Name, Title) RODERICK J. WOOD, INTERIM CITY MANAGER		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	
Area Code/Phone Number 760/346-2489	E-mail rwood@indianwells.com	Date of Original Filing: _____ (month, day, year)	

**2. Function, Event, or Ceremonial Role Information**

Title BNP PARIBAS OPEN TENNIS Face Value of Each Admission \$ 2,500

Description TENNIS TOURNAMENT Date(s) 3 / 8 / 12 3 / 18 / 12

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Windsor, Mel	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public purpose City oversight over public safety <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

**3. Verification**

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

 RODERICK J. WOOD INTERIM CITY MANAGER 4-10-12  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

**Agency Report of:  
Ceremonial Role Events and  
Ticket/Admission Distributions**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
CITY OF INDIAN WELLS			
Division, Department, or Region (if applicable)			
Street Address		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
44950 ELDORADO DRIVE			
Designated Agency Contact (Name, Title)			
RODERICK J. WOOD, INTERIM CITY MANAGER			
Area Code/Phone Number	E-mail		
760/346-2489	rwood@indianwells.com		

**2. Function, Event, or Ceremonial Role Information**

Title BNP PARIBAS OPEN TENNIS Face Value of Each Admission \$ 2,500  
 Description TENNIS TOURNAMENT Date(s) 3 / 8 / 12 3 / 18 / 12

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Wood, Roderick J.	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Support of City Sponsorship & Residents <span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>

**3. Verification**

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


 RODERICK J. WOOD      INTERIM CITY MANAGER      4-10-12  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

**Agency Report of:  
Ceremonial Role Events and  
Ticket/Admission Distributions**

**A Public Document**

<b>1. Agency Name</b> CITY OF INDIAN WELLS <i>Division, Department, or Region (if applicable)</i>		Date Stamp	California Form <b>802</b> For Official Use Only
Street Address 44950 ELDORADO DRIVE			
Designated Agency Contact (Name, Title) RODERICK J. WOOD, INTERIM CITY MANAGER			
Area Code/Phone Number 760/346-2489	E-mail rwood@indianwells.com	<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function, Event, or Ceremonial Role Information**

Title BNP PARIBAS OPEN TENNIS Face Value of Each Admission \$ 2,500  
 Description TENNIS TOURNAMENT Date(s) 3 / 8 / 12 3 / 18 / 12

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Hanson, Douglas H.	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Support of City Sponsorship & Residents <span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>

**3. Verification**

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

 RODERICK J. WOOD INTERIM CITY MANAGER 4-10-12  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

**Agency Report of:  
Ceremonial Role Events and  
Ticket/Admission Distributions**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
CITY OF INDIAN WELLS Division, Department, or Region (if applicable)			
Street Address		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
44950 ELDORADO DRIVE			
Designated Agency Contact (Name, Title)			
RODERICK J. WOOD, INTERIM CITY MANAGER			
Area Code/Phone Number	E-mail		
760/346-2489	rwood@indianwells.com		

**2. Function, Event, or Ceremonial Role Information**

Title BNP PARIBAS OPEN TENNIS Face Value of Each Admission \$ 2,500  
 Description TENNIS TOURNAMENT Date(s) 3 / 8 / 12 3 / 18 / 12

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Powers, William "Bill" T.	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Support of City Sponsorship & Residents	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**3. Verification**

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

 RODERICK J. WOOD INTERIM CITY MANAGER 4-10-12  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

**Agency Report of:  
Ceremonial Role Events and  
Ticket/Admission Distributions**

**A Public Document**

<b>1. Agency Name</b> CITY OF INDIAN WELLS <i>Division, Department, or Region (if applicable)</i>		Date Stamp	California Form <b>802</b> For Official Use Only
Street Address 44950 ELDORADO DRIVE			
Designated Agency Contact (Name, Title) RODERICK J. WOOD, INTERIM CITY MANAGER			
Area Code/Phone Number 760/346-2489	E-mail rwood@indianwells.com	<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function, Event, or Ceremonial Role Information**

Title BNP PARIBAS OPEN TENNIS Face Value of Each Admission \$ 2,500

Description TENNIS TOURNAMENT Date(s) 3 / 8 / 12 3 / 18 / 12

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

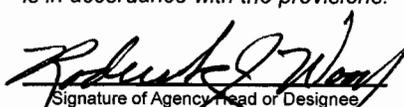
Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Roche, Mary T.	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Support of City Sponsorship & Residents <span style="float:right">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float:right">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float:right">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float:right">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float:right">Income <input type="checkbox"/></span>

**3. Verification**

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


 \_\_\_\_\_ RODERICK J. WOOD \_\_\_\_\_ INTERIM CITY MANAGER \_\_\_\_\_ 4-10-12  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

**Agency Report of:  
Ceremonial Role Events and  
Ticket/Admission Distributions**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
CITY OF INDIAN WELLS			
Division, Department, or Region (if applicable)			
Street Address			
44950 ELDORADO DRIVE			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	
RODERICK J. WOOD, INTERIM CITY MANAGER		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
760/346-2489	rwood@indianwells.com		

**2. Function, Event, or Ceremonial Role Information**

Title BNP PARIBAS OPEN TENNIS Face Value of Each Admission \$ 2,500

Description TENNIS TOURNAMENT Date(s) 3 / 8 / 12 3 / 18 / 12

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

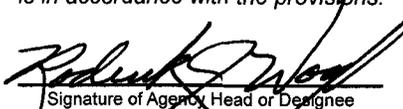
Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Spicer, Larry	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Support of City Sponsorship & Residents Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

**3. Verification**

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


 RODERICK J. WOOD INTERIM CITY MANAGER 4-10-12  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)