

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

A Public Document

1. Agency Name CITY OF INDIAN WELLS <i>Division, Department, or Region (if applicable)</i>		Date Stamp	California Form 802 For Official Use Only
Street Address 44950 ELDORADO DRIVE			
Designated Agency Contact (Name, Title) RODERICK J. WOOD, INTERIM CITY MANAGER		<input type="checkbox"/> Amendment (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 \$ 135.00

Description TENNIS TOURNAMENT Date(s) 3 / 16 / 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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Hanson, Douglas H	4	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input checked="" 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 _____ 4-12-12
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.)

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44950 ELDORADO DRIVE			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (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 \$ 186.00

Description TENNIS TOURNAMENT Date(s) 3 / 16 / 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?

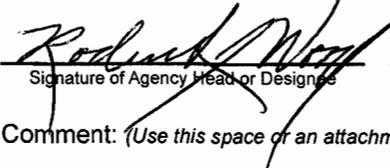
Yes No If yes: _____
Official's Name (Last, First) and Title

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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Hanson, Douglas H	8	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input checked="" 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"/>

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 RODERICK J. WOOD INTERIM CITY MANAGER 04-12-12
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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Area Code/Phone Number 760/346-2489	E-mail rwood@indianwells.com	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title BNP PARIBAS OPEN TENNIS Face Value of Each Admission \$ 152.00

Description TENNIS TOURNAMENT Date(s) 3 / 11 / 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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Mullany, Patrick J.	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input checked="" 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

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

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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 \$ 82.00

Description TENNIS TOURNAMENT Date(s) 3 / 11 / 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
Mullany, Patrick J.	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input checked="" 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"/>

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2. Function, Event, or Ceremonial Role Information

Title BNP PARIBAS OPEN TENNIS Face Value of Each Admission \$ 186.00
 Description TENNIS TOURNAMENT Date(s) 3 / 17 / 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
Mullany, Patrick J.	8	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input checked="" 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"/>
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760/346-2489	rwood@indianwells.com		

2. Function, Event, or Ceremonial Role Information

Title BNP PARIBAS OPEN TENNIS Face Value of Each Admission \$ 152.00

Description TENNIS TOURNAMENT Date(s) 3 / 10 / 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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Roche, Mary T.	3	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input checked="" 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"/>
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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 \$ 82.00

Description TENNIS TOURNAMENT Date(s) 3 / 9 / 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?

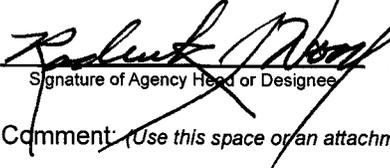
Yes No If yes: _____
Official's Name (Last, First) and Title

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Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Roche, Mary T.	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input checked="" 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"/>
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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 \$ 186.00

Description TENNIS TOURNAMENT Date(s) 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

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Roche, Mary T.	4	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input checked="" 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"/>
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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 \$** 186.00

Description TENNIS TOURNAMENT **Date(s)** 3 / 17 / 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?

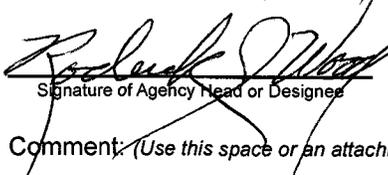
Yes No If yes: _____
Official's Name (Last, First) and Title

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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Spicer, Larry	6	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input checked="" 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"/>
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Signature of Agency Head or Designee Print Name Title (month, day, year)

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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 \$ 82.00
 Description TENNIS TOURNAMENT Date(s) 3 / 10 / 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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Staples, A.J.	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees	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"/>

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760/346-2489	rwood@indianwells.com		

2. Function, Event, or Ceremonial Role Information

Title BNP PARIBAS OPEN TENNIS Face Value of Each Admission \$ 152.00

Description TENNIS TOURNAMENT Date(s) 3 / 11 / 12

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

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Official's Name (Last, First) and Title

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Narz, David	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees 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"/>

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Area Code/Phone Number 760/346-2489	E-mail rwood@indianwells.com	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title BNP PARIBAS OPEN TENNIS Face Value of Each Admission \$ 107.00
 Description TENNIS TOURNAMENT Date(s) 3 / 8 / 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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Broude, Alan	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees 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"/>

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Ticket/Admission Distributions**

A Public Document

1. Agency Name		Date Stamp	California Form 802 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"/> Amendment (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 \$ 110.00

Description TENNIS TOURNAMENT Date(s) 3 / 16 / 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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Desnoes, Peter	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees 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 7-12-17
 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

1. Agency Name		Date Stamp	California Form 802 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"/> Amendment (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 \$ 161.00

Description TENNIS TOURNAMENT Date(s) 3 / 15 / 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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Egan, Richard	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees	<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 4-12-12
 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

1. Agency Name CITY OF INDIAN WELLS <i>Division, Department, or Region (if applicable)</i>		Date Stamp	California Form 802 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"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title BNP PARIBAS OPEN TENNIS Face Value of Each Admission \$ 161.00

Description TENNIS TOURNAMENT Date(s) 3 / 14 / 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?

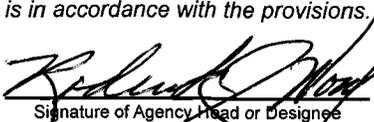
Yes No If yes: _____
Official's Name (Last, First) and Title

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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Reed, Brenda	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees 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
4-12-12
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

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
CITY OF INDIAN WELLS			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (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 \$ 186.00

Description TENNIS TOURNAMENT Date(s) 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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Wong, Francis	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<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 _____ 4-12-12
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

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CITY OF INDIAN WELLS			
Division, Department, or Region (if applicable)			
Street Address			
44950 ELDORADO DRIVE			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (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 \$ 186.00

Description TENNIS TOURNAMENT Date(s) 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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Drake, David	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees 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 4-12-12
 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**

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Division, Department, or Region (if applicable)			
Street Address			
44950 ELDORADO DRIVE			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (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 \$ 186.00

Description TENNIS TOURNAMENT Date(s) 3 / 17 / 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?

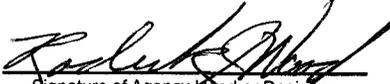
Yes No If yes: _____
Official's Name (Last, First) and Title

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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Justice, Tim	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees	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.



 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

1. Agency Name CITY OF INDIAN WELLS <i>Division, Department, or Region (if applicable)</i>		Date Stamp	California Form 802 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"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title BNP PARIBAS OPEN TENNIS Face Value of Each Admission \$ 186.00

Description TENNIS TOURNAMENT Date(s) 3 / 17 / 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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Johnson, Maureen	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees 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

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 _____ RODERICK J. WOOD _____ INTERIM CITY MANAGER _____ 4-12-12
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

1. Agency Name CITY OF INDIAN WELLS		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 44950 ELDORADO DRIVE		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title) RODERICK J. WOOD, INTERIM CITY MANAGER			
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 \$ 161.00

Description TENNIS TOURNAMENT Date(s) 3 / 14 / 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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Randall, Rocky	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees 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 _____ 4-12-12
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

1. Agency Name CITY OF INDIAN WELLS <i>Division, Department, or Region (if applicable)</i>		Date Stamp	California Form 802 <small>For Official Use Only</small>
Street Address 44950 ELDORADO DRIVE		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>	Date of Original Filing: _____ <small>(month, day, year)</small>
Designated Agency Contact <i>(Name, Title)</i> RODERICK J. WOOD, INTERIM CITY MANAGER			
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 \$ 90.00

Description TENNIS TOURNAMENT Date(s) 3 / 15 / 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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Blythin, Vicki	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees	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
4-12-12
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

1. Agency Name		Date Stamp	California Form 802 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"/> Amendment (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 \$ 90.00

Description TENNIS TOURNAMENT Date(s) 3 / 14 / 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?

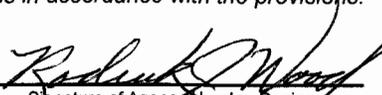
Yes No If yes: _____
Official's Name (Last, First) and Title

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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Manos, Ryan	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees 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

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 _____ RODERICK J. WOOD _____ INTERIM CITY MANAGER _____ 4-12-12
 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

1. Agency Name CITY OF INDIAN WELLS <i>Division, Department, or Region (if applicable)</i>		Date Stamp	California Form 802 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"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title BNP PARIBAS OPEN TENNIS Face Value of Each Admission \$ 90.00

Description TENNIS TOURNAMENT Date(s) 3 / 15 / 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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Moder, Mike	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees	<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 _____ 4-12-12
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

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
CITY OF INDIAN WELLS			
Division, Department, or Region (if applicable)			
Street Address		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
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 \$ 110.00

Description TENNIS TOURNAMENT Date(s) 3 / 16 / 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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Schubert, Jerry	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees 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 4-12-12
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

1. Agency Name CITY OF INDIAN WELLS Division, Department, or Region (if applicable) 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	Date Stamp	California Form 802 For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

2. Function, Event, or Ceremonial Role Information

Title BNP PARIBAS OPEN TENNIS Face Value of Each Admission \$ 186.00

Description TENNIS TOURNAMENT Date(s) 3 / 17 / 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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Levy, Heidi	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees 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
4-12-12
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

1. Agency Name CITY OF INDIAN WELLS <i>Division, Department, or Region (if applicable)</i>		Date Stamp	California Form 802 For Official Use Only
Street Address 44950 ELDORADO DRIVE			
Designated Agency Contact (Name, Title) RODERICK J. WOOD, INTERIM CITY MANAGER		<input type="checkbox"/> Amendment (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 \$ 186.00

Description TENNIS TOURNAMENT Date(s) 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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Blank, Linda	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees 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
4-12-12
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

1. Agency Name CITY OF INDIAN WELLS		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 44950 ELDORADO DRIVE			
Designated Agency Contact (Name, Title) RODERICK J. WOOD, INTERIM CITY MANAGER		<input type="checkbox"/> Amendment (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 \$ 161.00

Description TENNIS TOURNAMENT Date(s) 3 / 15 / 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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Pelegrino, Donald	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees	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 RODERICK J. WOOD INTERIM CITY MANAGER 4-12-12
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

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
CITY OF INDIAN WELLS			
Division, Department, or Region (if applicable)			
Street Address		<input type="checkbox"/> Amendment (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 \$ 161.00

Description TENNIS TOURNAMENT Date(s) 3 / 14 / 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?

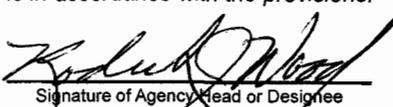
Yes No If yes: _____
Official's Name (Last, First) and Title

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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Pelegriano, Linda	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees	<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 _____ 4-12-12
Signature of Agency Head or Designee Print Name Title (month, day, year)

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**Agency Report of:
Ceremonial Role Events and
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Division, Department, or Region (if applicable)			
Street Address		<input type="checkbox"/> Amendment (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 \$ 161.00

Description TENNIS TOURNAMENT Date(s) 3 / 15 / 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?

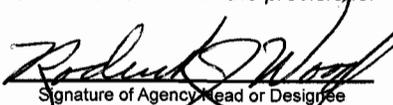
Yes No If yes: _____
Official's Name (Last, First) and Title

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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Oberman, Sam	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees	<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 4-12-12
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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1. Agency Name CITY OF INDIAN WELLS <i>Division, Department, or Region (if applicable)</i>		Date Stamp	California Form 802 For Official Use Only
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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 \$ 161.00

Description TENNIS TOURNAMENT Date(s) 3 / 14 / 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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Wilmeth, Bob	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees	<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

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 _____ RODERICK J. WOOD _____ INTERIM CITY MANAGER _____ 4-12-12
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

1. Agency Name CITY OF INDIAN WELLS Division, Department, or Region (if applicable)		Date Stamp	California Form 802 For Official Use Only
Street Address 44950 ELDORADO DRIVE			
Designated Agency Contact (Name, Title) RODERICK J. WOOD, INTERIM CITY MANAGER		<input type="checkbox"/> Amendment (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 \$ 110.00

Description TENNIS TOURNAMENT Date(s) 3 / 16 / 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	Explanation	Income
Underwood, Bruce	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees	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

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 RODERICK J. WOOD INTERIM CITY MANAGER 4-12-12
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.)