

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of Indian Wells			
Division, Department, or Region (if applicable)			
City Council			
Street Address			
44-950 Eldorado Drive			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
760-346-2489	gjohnson@indianwells.com		
Agency Contact (name and title)			
Greg Johnson, City Manager			

2. Event For Which Tickets Were Distributed Joyce Bulifant with Roger Perry as "The
 Date(s) of Event: 1 / 21 / 11 Description of Event: Man at the piano" in My Life Upon the Wicked Stage
 _____ Face Value of Ticket: \$ \$50.00-Each

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Ca. State University San Bernardino, Palm Desert Campus
 Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Council Member Mary Roche	2	Support of non-profit organizations: SafeHouse, CSUSB PD Autism Center & Tools for Tomorrow

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: _____

Name of Individual or Organization: _____ Number of Tickets: _____

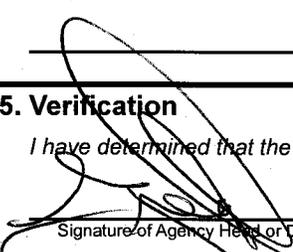
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

 _____ Greg Johnson _____ City Manager _____ 2/3/11
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.)
