Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name
City of Indian Wells

Division, Department, or Region *(if applicable)*
City Council

Street Address
44-950 Eldorado Drive

Area Code/Phone Number
760-346-2489

E-mail
gjohnson@indianwells.com

Agency Contact *(name and title)*
Greg Johnson, City Manager

Date Stamp

California Form **802**

For Official Use Only

☐ **Amendment** *(Must explain in Part 5.)*

Date of Original Filing: _____ *(month, day, year)*

2. Event For Which Tickets Were Distributed

Date(s) of Event: 1 / 24 / 11 Description of Event: Big Brothers Big Sisters Annual Dinner and Golf Tournament

___/___/___ Face Value of Ticket: $ $400.00-Each

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Big Brother Big Sisters of the Desert

Number of Tickets Received: 1 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 Bill Powers	1	Support of Local Non-Profit Organization

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.

Signature of Agency Head or Designee	Greg Johnson	City Manager	2/3/11
	Print Name	Title	*(month, day, year)*

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

_____

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1. Agency Name

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Agency Contact *(name and title)*

Greg Johnson, City Manager

☐ **Amendment** *(Must explain in Part 5.)*

Date of Original Filing: _____ *(month, day, year)*

2. Event For Which Tickets Were Distributed

Date(s) of Event: 1 / 24 / 11 Description of Event: Big Brother Big Sisters Hall of Fame Annual Dinner

___ / ___ / ___ Face Value of Ticket: $ $85.00-Each

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Big Brother Big Sisters of the Desert

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 Local Non-Profit Organization

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.

Signature of Agency Head or Designee	Greg Johnson	City Manager	2/3/11
	Print Name	Title	*(month, day, year)*

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

_____