# 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: 2 / 12 / 11 Description of Event: Laissez Les Bon Temps Rouler 'Mardi Gras" Event

___/___/___ Face Value of Ticket: $ 150.00-Each

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

Name of Outside Source of Ticket(s) Provided to Agency: Dusty Wings 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 Larry Spicer | 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 | 3/4/11 |
|---|---|---|---|
| | Print Name | Title | *(month, day, year)* |

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

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