

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<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) City Council			
Street Address 44-950 Eldorado Drive			
Area Code/Phone Number 760-346-2489	E-mail gjohnson@indianwells.com	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Greg Johnson, City Manager		Date of Original Filing: _____ (month, day, year)	

**2. Event For Which Tickets Were Distributed** The Muses 100/Patroness Circle of McCallum

Date(s) of Event: 3 / 5 / 11 Description of Event: Theatre Ball  
 \_\_\_\_\_ Face Value of Ticket: \$ 375.00-Each

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

Name of Outside Source of Ticket(s) Provided to Agency: McCallum Theatre

Number of Tickets Received: 10 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
Mayor Patrick Mullany	2	Support of Arts Education Programs
Mayor Pro Tem Douglas Hanson	2	
Council Member Larry Spicer	2	Support of Arts Education Programs
Council Member William Powers	2	
Council Member Mary Roche	2	Support of Arts Education Programs

**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: \_\_\_\_\_

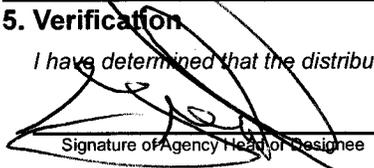
Description of Organization: \_\_\_\_\_

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 \_\_\_\_\_  
Print Name

City Manager \_\_\_\_\_  
Title

3/28/11 \_\_\_\_\_  
(month, day, year)

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