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: 3 / 12 / 11 Description of Event: Steve Chase Humanitarian Awards Gala

___/___/___ Face Value of Ticket: $ 425.00-Each

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

Name of Outside Source of Ticket(s) Provided to Agency: Desert Aids Project

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
Mayor Pro Tem Douglas Hanson	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	Print Name	Title	(month, day, year)
	Greg Johnson	City Manager	3/31/11

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