

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

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

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 03 / 14 / 11 Description of Event: United Way VIP Waiter's Challenge Dinner

Face Value of Ticket: \$ 100.00-Each

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

Name of Outside Source of Ticket(s) Provided to Agency: United Way of the Desert

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
See Attached	10	See Attached

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

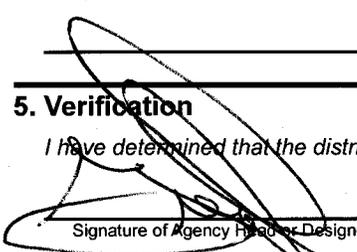
Description of Organization: \_\_\_\_\_

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

3/31/11
   
(month, day, year)

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

**California Form 802 – Attachment (United Way VIP Waiter’s Challenge Dinner)**

**3. Agency Officials Receiving Tickets:**

<b>Last Name</b>	<b>First Name</b>	<b>Title</b>	<b>Department</b>	<b>Number of Tickets</b>
Spicer	Larry	Council Member	City Council	2
Mullany	Patrick	Mayor	City Council	2
Hanson	Douglas	Mayor Pro Tem	City Council	2
Roche	Mary	Council Member	City Council	2
Powers	William	Council Member	City Council	2

**State below whether the Distribution is Income to the Official or Describe the Public Purpose for the distribution:**

- A. Support of local charity organization and community relations.