

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

|   |                           |   |   |
|---|---------------------------|---|---|
| <b>1. Agency Name</b>                           |                           | Date Stamp  | California Form <b>802</b><br>For Official Use Only |
| City of Indian Wells                            |                           |   |   |
| Division, Department, or Region (If Applicable) |                           | <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)<br><br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| City Manager                                    |                           |   |   |
| Designated Agency Contact (Name, Title)         |                           |   |   |
| Wade G. McKinney, City Manager                  |                           |   |   |
| Area Code/Phone Number                          | E-mail                    |   |   |
| (760) 346-2489                                  | wmckinney@indianwells.com |   |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 350.00-Each

Event Description Palm Springs Air Museum Gala Date(s) 2 / 7 / 14  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Best, Best and Krieger  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|---|------------------------------|--|
|   |                              |  |
|   |                              |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
| Mertens, Ted  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>Ticket Policy 2.10.060 (F) (G) |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:  |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|   |                              |  |
|   |                              |  |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Wade G. McKinney      Wade G. McKinney      City Manager      2/26/14  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)