

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

0408'14 AM 11:00 City of IW

A Public Document

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 125.00

Event Description BNP Paribas Open Tennis Tournament      Date(s) 3 / 9 / 14      3 / 9 / 14  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No       If no: Desert Cahmapions LLC  
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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Berg, Jon DeGroot, Craig Seumalo, Ken	2 each	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Ticket Policy 2.10.060 (p)
McCarthy, Kevin Werner, Nick Windsor, Mel	2 each	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Ticket Policy 2.10.060 (p)
C. Name of Outside Organization <small>(include address and description)</small>	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.

 Signature of Agency Head or Designee	Wade G. McKinney Print Name	City Manager Title	04/08/14 (Month, Day, Year)
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