

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes     No       Face Value of Each Ticket/Pass \$ 152.64-Each

Event Description Founder's Dinner      Date(s) 11 / 28 / 14  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?      Yes     No       If no: Ca. State University San Bernardino, Palm Desert  
Name of Source

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

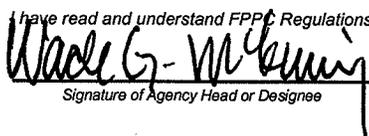
**3. Recipients**

• 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:
Mertens, Ted	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below</small> Ticket Policy 2.10.050 (Accepted Founders Society Award)
Roche, Mary	1	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 (H)
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.


Wade G. McKinney
City Manager
12/24/14  
Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment: \_\_\_\_\_