

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

A Public Document

1. Agency Name City of Indian Wells		Date Stamp 02/20/15 PM 03:48 city of IW	California Form 802 For Official Use Only
Division, Department, or Region (if Applicable)			
City Manager		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) Wade G. McKinney, City Manager			
Area Code/Phone Number (760) 346-2489	E-mail wmckinney@indianwells.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 287.50-Each

Event Description Desert Town Hall-Neil DeGrasse Tyson Date(s) 2 / 12 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Desert Forum, Inc.
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:
Hanson, Doug Mertens, Ted Balocco, Richard	2 2 2	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 (Q)
Reed, Dana McKinney, Wade Gassaway, David	2 2 2	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 (Q)
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 2/20/15
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)