

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

A Public Document

1. Agency Name CITY OF INDIAN WELLS Division, Department, or Region <i>(If Applicable)</i> Designated Agency Contact <i>(Name, Title)</i> WADE G. MCKINNEY, CITY MANAGER Area Code/Phone Number E-mail 760/346-2489 wmckinney@indianwells.com		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: <u>03/26/2015</u> <i>(Month, Day, Year)</i>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 2,500

Event Description BNP Paribas Open Tennis Tournament Date(s) 03 / 11 / 15 03 / 22 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Desert Champions, 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:
Peabody, Ty	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Ticket Policy 2.10.060 (a), (q), 2.10.080 Ceremonial Role - trophy presentations
Reed, Dana	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Ticket Policy 2.10.060 (b), (q), 2.10.080
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 Wade G. McKinney City Manager 03/26/2015
Signature of Agency Head or Designee *Print Name* *Title* *(Month, Day, Year)*

**Agency Report of:
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Continuation Sheet**

Agency Name

CITY OF INDIAN WELLS

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:
Balocco, Richard	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Ticket Policy 2.10.060(g), (q), 2.10.080
Hanson, Douglas	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Ticket Policy 2.10.060(e), (q), 2.10.080
Mertens, Ted	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Ticket Policy 2.10.060(g), (q), 2.10.080
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