

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

02/23/16 AM 09:47 City of IW
A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of Indian Wells			
Division, Department, or Region (If Applicable)			
City Manager			
Designated Agency Contact (Name, Title)			
Wade G. McKinney, City Manager			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(760) 346-2489	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 \$ 287.50-Each

Event Description Desert Town Hall (Bill O'Reilly) Date(s) 1 / 29 / 16
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:
Distribution List Attached		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 (Q)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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 2/23/16
Signature of Agency Head or Designee *Print Name* *Title* *(Month, Day, Year)*

California Form 802 – Attachment (Desert Town Hall Speaker Series – Bill O’Reilly)

3. Agency Officials Receiving Tickets:

Last Name	First Name	Title	Number of Tickets
Reed	Dana	Mayor	2
Balocco	Richard	Mayor Pro Tem	2
Douglas	Hanson	Council Member	2
Mertens	Ted	Council Member	2
Peabody	Ty	Council Member	2
McKinney	Wade	Council Member	2
Delateur	Steven	Committee Member	2
Bossone	Robert	Committee Member	2
Sutton	Steve	Committee Member	2
Nigosian	Nick	Committee Member	2
Boston	Lucille	Committee Member	2

State below whether the Distribution is Income to the Official or Describe the Public Purpose for the distribution:

- A. Support of City Sponsorship and Communication with Residents.